

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION  
REINSTATEMENT**

99-00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAY -4 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

DOCUMENT # N97000007163(5)

1. Corporation Name  
Manasota Metetic Association Incorporated

2. Principal Office Address

4911 Avon Ln.

Suite, Apt. #, etc.

N/A

City & State

Sarasota FL

Zip

34238

Country

USA

3. Mailing Office Address

4911 Avon Ln.

Suite, Apt. #, etc.

N/A

City & State

Sarasota, FL

Zip

34238

Country

USA

**REINSTATEMENT 99-00**

4. Date Incorporated or Qualified  
To Do Business in Florida

12/26/97

5. FEL Number

☒ Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rachel A. Chambers

Street Address (P.O. Box Number is Not Acceptable)

4911 Avon Ln.

Suite, Apt. #, Etc.

8

City

Sarasota

State

FL

Zip Code

34238

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Rachel A. Chambers*

Date 4/13/00

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres. D Elect	Sallie L. Engler	7821 Troon Ct D	Bradenton, FL 34202
Secretary D	MARILEE K. MULL	4536 86TH STREET WEST D	BRADENTON, FLA 34210
Treasurer D	Michele P Grim	2421 Tangerine Dr D	Sarasota, FL 34239
President D	Rachel A. Chambers	4911 Avon Ln. So D	Sarasota, FL 34238

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Michele P Grim Michele P Grim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00

Date

906-9233 (941)

Daytime Phone #

CR2E081 (8/99)