

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000003912

1. Corporation Name

SAVE OUR MANATEE LANDS, INC.

Principal Place of Business

Mailing Address

1408 99TH STREET NW
BRADENTON FL 34209

1408 99TH STREET NW
BRADENTON FL 34209

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/23/1999

5. FEI Number

65-1002143

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GERALDSON, GREGORY	9812 9TH AVE NW	BRADENTON FL 34209
VPD	NELSON, RALPH	PO BOX 84777	BRADENTON FL 34280
T	MAYOTTE, HOLLY MAYOTTE	1804 71ST NW	BRADENTON FL 34209
S	WOLCOTT, PATRICIA M	1408 99TH STREET NW	BRADENTON FL 34209

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOBECK, DANIEL J
2033 MAIN ST STE 301
SARASOTA FL 34237

Name Holly Mayotte
Street Address (P.O. Box Number is Not Acceptable)
1804 71st St. N.W.
Suite, Apt. #, Etc.
Bradenton, FL
City Bradenton State FL Zip Code 34209

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Holly Mayotte

REGISTERED AGENT MUST SIGN

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-11/06/01--01085--004

****336.25 ****236.25

Date 10/15/01

11. 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:

Patricia M. Wolcott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-15-01 941-792-3949

CR20040 (8/01)

