

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 28 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000005810

1. Corporation Name

M.E.D.A. of Sarasota, Inc.

2. Principal Office Address

1001 N. Washington Blvd

Suite, Apt. #, etc.

102

City & State

Sarasota, FL

Zip

34236

Country

USA

3. Mailing Office Address

1001 N. Washington Blvd

Suite, Apt. #, etc.

102

City & State

Sarasota, FL

Zip

34236

Country

USA

REINSTATEMENT 03

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/30/99

5. FEI Number

65-0982443

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

Marc A. Miller

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

1001 N. Washington Blvd.

Suite, Apt. #, Etc.

102

City

Sarasota

State

FL

Zip Code

34236

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

M. Miller

Date 10/22/03

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
D	Verda Beachey	4929 Old Creek Dr.	Sarasota, FL 34233
D	Ted Comes	27101 State Road 70 E.	Myakka City, FL 34251
D	Robert Weaver	3910 Eton Place	Sarasota, FL 34241
D	Noah Weiler	7750 Fruitville Rd	Sarasota, FL 34240
D	Marc Miller	1001 N. Washington Blvd. 102	Sarasota, FL 34236

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:

M. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/03

Date

941-951-7579

Daytime Phone #

CR2E081 (10/02)

20 10/21