

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N99000006704

1. Corporation Name

PAUL E. & BEATRICE A. SEBASTIAN FOUNDATION, INC

Principal Place of Business

220 S. COLLIER BLVD., #405  
MARCO ISLAND FL 34145

Mailing Address

220 S. COLLIER BLVD., #405  
MARCO ISLAND FL 34145

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

3838 Tamiami Tr. N.

Suite, Apt. #, etc.

300

City & State

Naples, FL

Zip

34103

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/10/1999

5. FEI Number

59-3608851

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SEBASTIAN, PAUL E	220 S. COLLIER BLVD., #405	MARCO ISLAND FL 34145
D	SEBASTIAN, BEATRICE A	220 S. COLLIER BLVD., #405	MARCO ISLAND FL 34145
D	SEBASTIAN, THOMAS E	12825 KELLY AVE.	CHASKA MN 44318
D	SANTARELLI, MARY P	1107 COACHMAN DR. 1746 33rd AVE	WAXHAW, NC 28173 KENOSHA WI 5314
			600003508796--8 -12/20/00--01053--010 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

GOODMAN, KENNETH D  
3838 TAMiami TRAIL NORTH, SUITE 300  
NAPLES FL 34103

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

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:

Paul E. Sebastian  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/00

Date

941-403-3000

Daytime Phone #

KE