PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

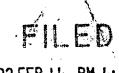
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1. Corporation Name

ERRANDS UNLIMITED OF SARASOTA COUNTY, INC.

Principal Place of Business

Mailing Address



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452 PEPPERTREE RD VENICE FL 34293	452 PEPPERTREE RD VENICE FL 34293		
If above addresses are incorrect in any way, line thro	45. To Tolling a set Mathiciae, 72. 34.1 Bugh incorrect information and enter	JS PEIMS	STATEMENT 01-62
2. New Principal Office Address, If Applicable			orporated or Qualified usiness in Florida 05/15/2000
Suite, Apt. #, etc. 258 W. Tanpa AM. 258 W. Tanpa		5. FEI Num	
City & State City & State		65-	1013478 Not Applicable
Zip 34285 Savasuter	Zip Cour		ATE OF STATUS DESIRED S8.75 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		treet Address of Each Officer and/or Director	City / State / Zip
D MCNUTT, MARY A	MCNUTT, MARY A 452 PEPPERTRE		VENICE FL 34293
Brian D Bx2gm McNutt	452 Peppe	ertree/Ŕd.	Venice, FL 34293
Mr. 12 Comments		138	** <u></u>
			-02/20/0201047013 *****750.00 *****750.00
			5
		7/12/01	90120/008 \$158.75
8. Name and Address of Current Registered Agent		9. Name an	d Address of New Registered Agent
FITZHUGH, L.MURRAY ESQ Street		Mary Ann McNut	t
		,	Street Address (P.O. Box Number is Not Acceptable) 258 W. Tampa Ave.
VENICE FL 34285 Venice, F1 34293 Suite, Apt. #, Etc.			i di
	- -	City Venice	State Zip Code FL 34285
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 Mustr Sign			
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 filling			

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.