

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000048331

1. Corporation Name

ERRANDS UNLIMITED OF SARASOTA COUNTY, INC.

FILED

02 FEB 14 PM 4:25

STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

452 PEPPERTREE RD
VENICE FL 34293

452 PEPPERTREE RD
VENICE FL 34293

258 W. Tampa Ave.
Tampa, FL 34205

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



REINSTATEMENT 01-02

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

258 W. Tampa Ave.

258 W. Tampa

City & State

City & State

Venice, FL
Zip 34285 Country Sarasota

Zip Country

5. FEI Number

65-1013478

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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|----------|--------------------------------------|---|---------------------|
| D | M McNUTT, MARY A | 452 PEPPERTREE RD | VENICE FL 34293 |
| D | Brian Brian McNutt | 452 Peppertree Rd. | Venice, FL 34293 LS |
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****750.00 ****750.00

7/12/01 90120/008 \$158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FITZHUGH, L MURRAY ESO

825 TAMiami TR SO STE 3
VENICE FL 34285

2167 SoTAMiami TR
Venice, FL 34293

Name

Mary Ann McNutt

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

258 W. Tampa Ave.

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12-10-01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED
12-15-01 94-497-3881

Date

Daytime Phone #

CR2E040 (8/01)