

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT -4 PM 1:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P000000 91790**

1. Corporation Name

**SARASOTA Business Ventures, Inc.**

**900008284689--1**

**-10/09/02--01039--019**

**\*\*\*\*308.75 \*\*\*\*308.75**

2. Principal Office Address

**1532 US 41 Bypass**

Suite, Apt. #, etc.

**# 265**

City & State

**Venice, Florida**

Zip

**34293**

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**10-04-00**

5. FEI Number

**31-1733025**

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

**Rita Dudley**

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

**500 CERROMAR DRIVE**

Suite, Apt. #, Etc.

City

**Venice**

State  
**FL**

Zip Code  
**34293**

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

**Rita Dudley**

REGISTERED AGENT MUST SIGN

Date

**10/2/02**

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
<b>D</b>	<b>DONALD R. BURNHAM</b>	<b>500 CERROMAR DR</b>	<b>Venice, FL 34293</b>

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:

**Donald Burnham**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/2/02**

Daytime Phone #

**941-408-8781**

CR2E081 (9/01)

**10/4/02**

SARASOTA BUSINESS VENTURES, INC.  
1532 US 41 Bypass, Suite 265  
Venice, Florida 34293

September 30, 2002

Department of State  
Divisions of Corporations  
409 East Gaines Street  
Tallahassee, Florida 92399

To Whom It May Concern:

Sarasota Business Ventures, Inc. is inactive. I called the Department of State to reinstate and they told me to resubmit the Corporation Reinstatement with a check for the amount of \$300.00.

You will find enclosed for the amount of \$300.00 plus \$8.75 for Certificate of Status.

The annual reports did not get to the appropriate person due to corporate employees. I am sincerely sorry for any inconvenience this may have caused. Your attention to this matter is greatly appreciated.

If you have any questions, please call me at 941-408-8781 or fax me at 941-408-9703.

Your help is greatly appreciated,



Annamarie E. Kiper  
Office Administrator