

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 NOV 20 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000006323

1. Corporation Name

MASTERS DEVELOPMENT SIESTA KEY, INC.

Principal Place of Business

1231 DERBY LANE  
SARASOTA FL 34242

Mailing Address

1231 DERBY LANE  
SARASOTA FL 34242

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

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/16/2001

5. FEI Number

651066416

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
PD	DELANEY, RAY	1231 DERBY LANE	SARASOTA FL 34242
VSTD	MARINKOVIC, ROLAND I	1231 DERBY LANE	SARASOTA FL 34242
VAS	MARINKOVIC, KENT	1231 DERBY LANE	SARASOTA FL 34242

500009090155

11/20/02 01005 016 \*\*750.00

8. Name and Address of Current Registered Agent

MARINKOVIC, ROLAND  
1231 DERBY LANE  
SARASOTA FL 34242

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Raymond E. Delaney*  
REGISTERED AGENT MUST SIGN

Date

11/13/02

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:

*Raymond E. Delaney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RAYMOND E. DELANEY 11/13/02 (941) 344-6098

CR2E040 (8/02)