

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

RECEIVED
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL 15 PM 6:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01500079942
1. Corporation Name
BLT of Sarasota, Inc.

2. Principal Office Address
501 N. Beneva Road
Suite, Apt. #, etc.
#636
City & State
Sarasota, FL
Zip
34232 Country
Sarasota

3. Mailing Office Address
501 N Beneva Road
Suite, Apt. #, etc.
#636
City & State
Sarasota, FL
Zip
34232 Country
Sarasota

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida 8-14-01

5. FEI Number
65-1129404 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
Hugh C. Ferrell

Street Address (P.O. Box Number is Not Acceptable)
4924 Hidden Oaks Trail

Suite, Apt. #, Etc.

City
Sarasota State
FL Zip Code
34232

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 [Signature] Date 6-11-03
REGISTERED AGENT MUST SIGN

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
P	Maureen M. Taliento	7823 Geneva Ln	Sarasota, FL 34243
VP	Robert L Nani	2811 Nassau ST	Sarasota, FL 34231
S/T	Rodney J. Taliento	7823 Geneva Ln	Sarasota, FL 34243

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:

[Signature] Rodney J. Taliento 7/8/03 941-928-5613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)