

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000044139

1. Corporation Name

SANTA FE RIVER VILLAGE, INC
15 PARADISE PLAZA #298
SARASOTA, FLORIDA 34239

2. Principal Office Address - No P.O. Box #

15 PARADISE PLAZA

3. Mailing Office Address

15 PARADISE PLAZA

Suite, Apt. #, etc.

#298

Suite, Apt. #, etc.

#298

City & State

SARASOTA, FL.

City & State

SARASOTA, FL.

Zip

34239

Country

SARASOTA

Zip

34239

Country

SARASOTA

7. Name and Address of Current Registered Agent

Name

STANLEY J. KAZWELL, JR

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

2395 TAMiami TRAIL

Suite, Apt. #, Etc.

SUITE 17

City

PORT CHARLOTTE

State

FL

Zip Code

33952

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

REGISTERED AGENT MUST SIGN

Date 3-14-11

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/D	STANLEY KAZWELL JR	2395 TAMiami TRAIL	PORT CHARLOTTE, FL 33952
S/D	LARRY LACKEY, SR.	15 PARADISE PLAZA	SARASOTA, FL 34239

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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

3-14-11

Date

Daytime Phone #

FILED

11 MAR 18 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200198594852

03/18/11--01036--010 **1000-00

CR2E081 (6/10)

900.00

4. Date Incorporated or Qualified
To Do Business in Florida

4/21/03

5. FEI Number

61-1472920

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT