

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 DEC 30 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P05000046053**

1. Corporation Name

**SIESTA VISTA MANAGEMENT, INC**

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

**6300 MIDNIGHT PASS ROAD**

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc

**#1002**

Suite, Apt. #, etc.

City & State

**SARASOTA**

City & State

**FL**

Zip

**34242**

Country

**USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/28/2005**

5. FEI Number

**55-0892771**

☐ 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

**REX W MINTON**

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

**6300 MIDNIGHT PASS ROAD**

Suite, Apt. #, Etc

**#1002**

City

**SARASOTA**

State

**FL**

Zip Code

**34242**

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

**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	REX W MINTON	6300 MIDNIGHT PASS RD #1002	SARASOTA, FL 34242
V	RUSSELL G MINTON	6300 MIDNIGHT PASS RD #1002	SARASOTA, FL 34242
S- T	RANDALL W MINTON	6300 MIDNIGHT PASS RD # 1002	SARASOTA, FL 34242

10. E-mail Address: **rexminton@earthlink.net**

(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

Date

Daytime Phone #

600189129926  
12/30/10--01039--010 \*\*\*900.00

**REINSTATEMENT** D9-10  
ER2B081 10/10

12/29/10

972-345-5624