

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
02 MAY -6 PM 1:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 930C0010164

**1. Corporation Name**

BLS of Sarasota, Inc.

**2. Principal Office Address**

216 Tahlequah Trail

Suite, Apt. #, etc.

City & State

Springboro, OH

Zip

45066

Country

Warren

**3. Mailing Office Address**

216 Tahlequah Trail

Suite, Apt. #, etc.

City & State

Springboro, OH

Zip

45066

Country

Warren

**4. Date Incorporated or Qualified  
To Do Business in Florida**

2/4/93

**5. FEI Number**

31-1373906

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

Donald Y. Bennett

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

1800 Second Street

Suite, Apt. #, Etc.

Suite 717

City

Sarasota

State

FL

Zip Code

34236

**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

Donald Y. Bennett REGISTERED AGENT MUST SIGN

Date 4/30/02

**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
D/P/T	Brady L. Skinner	216 Tahlequah Trail	Springboro, OH 45066
S	Dee Kuns	216 Tahlequah Trail	Springboro, OH 45066

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Brady L. Skinner, President

4/30/02

Date

937-743-9360

Daytime Phone #

CR2E081 (9/01)