

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 14 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000063612

1. Corporation Name

SARASOTA RETAIL INVESTMENTS, INC.

2. Principal Office Address

8001 DESOTO WOODS DRIVE

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

Zip

34243

Country

USA

3. Mailing Office Address

8001 DESOTO WOODS DRIVE

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

Zip

34243

Country

USA

REINSTATEMENT 2003

4. Date Incorporated or Qualified
To Do Business in Florida

AUG. 25, 1994

5. FEI Number

59-3327441

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

JOHN VERNON HEAD

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

138 E. CENTRAL AVENUE

Suite, Apt. #, Etc.

City

HOWEY-IN-THE-HILLS

State
FL

Zip Code
34737

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

10/9/03

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 -	JOHN VERNON HEAD	138 E. CENTRAL AVENUE	HOWEY-IN-THE-HILLS FLORIDA 34737

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

JOHN VERNON HEAD

Date

10/9/03

352-324-3131

Daytime Phone #

CR2E081 (10/02)