

# APPLICATION FOR REINSTATEMENT



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

**FILED**

00 MAY 30 AM 7:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PA4000083293**

1. Corporation Name

**Savannah Development Company**

Principal Place of Business

Mailing Address

**200 S. Orange Avenue  
Sarasota, Florida 34236**

**SAME**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT**

9700

2. New Principal Office Address, If Applicable

**8320 Canary Palm Court  
Suite, Apt. #, etc.**

3. New Mailing Office Address, If Applicable

**SAME**

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/14/94**

5. FEI Number

**65-0556691**

Applied For

Not Applicable

City & State

**Sarasota, Florida**

City & State

Zip

**34238**

Country

**USA**

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ **REINSTATEMENT**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	John Donovan	Same	<b>600003298626--1 -06/21/00--01034--013</b>
ST	Deirdre F. Aretini	Same	<b>***1208.75 ***1208.75</b>

8. Name and Address of Current Registered Agent

**William M. Seider  
200 S. Orange Ave.  
Sarasota, FL 34236**

9. Name and Address of New Registered Agent

Name  
**William C. Strode**  
Street Address (P.O. Box Number is Not Acceptable)  
**720 S. Orange Avenue**  
Suite, Apt. #, Etc.  
City  
**Sarasota** State **FL** Zip Code **34236**

i. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **5/24/00**

ii. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

i2. 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.

**John Donovan, President**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* **John F. Donovan**

Date

Daytime Phone #

**5-25-00 (941) 922-3211**