PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMED

Note of the prior notices which the entity did not received and requesting the reinstatement fee be waived.		ORATION		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			E.	2001 MAR 22 PM 4: 27 SECREMENTALLA FLORIDA				
2. Principal Office Address - No P-O Box # 3. Mailing Office Address PO Box 1908 Suite, Apt. #, etc. 4. Date Incorporated or Qualified To De Business in Finding City & State No Komis FL Suite, Apt. #, etc. 3. Mailing Office Address PO Box 1908 Suite, Apt. #, etc. 4. Date Incorporated or Qualified To De Business in Finding Suite, Apt. #, etc. Size Address Po Status Desired FL STORE STAND Desired Size Address Po Status Desired Size Address Po Box Number is Not Adeptable) Suite, Apt. #, etc. City S ARASOTA Size Address Po Box Number is Not Adeptable) Registered Agent Registered Agent Must Sticn Size Address Po Box Number is Not Adeptable) Registered Agent Must Sticn P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 develors) Size Address Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 develors) P. Names of Officer and/or Director Difficer and/or Director Difficer and/or Director City / State / Zip P. MITCHBLL RICHARD Size Addresses of Each Officer and/or Director Difficer and/or Director City / State / Zip 10. Learly that I am an officer or director or the receiver or husten empowered to aneode this application as provided for in chapter 607 or 617, F.S. Liumer carity that when filler this interventation and exposition for composition on the provider for inchapter 607 or 617, F.S. Liumer carity that when filler this interventation and exposition for composition on the propriets on the composition of section 607 (2001 or 617, F.S. Liumer carity that when filler this interventation and exposition for the propriets on the composition of section 607 (2001 or 617, F.S. Liumer carity that when filler this interventation and exposition for section 607 (2001 or 617, F.S. Liumer carity that when filler this control of the c			P	9500	00820	551					생 	
Surie, Apt. 8, etc. Surie, Apt. 8, etc. Surie, Apt. 8, etc. Surie, Apt. 8, etc. City & State Venice FL Noromis FL 20 3+3 85 7. Name and Address of Current Registered Agent Name Harten Stine 310 Canner Registered Agent Name Harten Stine 310 Surie, Apt. 8, etc. Street Address (FO. Box Number is Not Acceptable) Surie, Apt. 8, etc. Surie, Apt. 8, etc	RJM OF SARASOTA, INC										2 3/28/2	
City & State Venice County 3+3 & US County 3+3 & US 7. Name and Address of Current Registered Agent Name Harenstrine Tresses (P.O. Box Number is Not Acceptable) Suite, Apt. II, Etc. City & State Suite, Apt. II, Etc. City & State Suite, Apt. II, Etc. City & State Signature of Registered Agent Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) P. Names and Street Addresses of Each Officer and/or Directors Name of Officers and/or Directors or trustee ampowered to execute this application as provided for in chapter (607 or 617, E.S. It further certify that when filin this remistatement epoplication, the reason for of its South is been eliminated, the corporate name satisfies the requirements of Section 607,0401 or 617,0401 r.S., what all the covered by the corporation have been paged and the menes gladerination indicated in the provision of chapter 118, E.S. the information indicate over one work of an execute of the corporate name satisfies the requirements of section 607,0401 or 617,0401 r.S., what all the cover of the cover of the corporation have been paged and the menes gladerination indicate or in execute of Chapter 118, S. the information indicate over one work of the corporation have a through the corporation have an execute of the cover of the corporation have an execute of the cover of the corporation have an inchapter 118, E.S. the information indicate over of the corporation have an inchapter 118, E.S. the information indicated on the corporation have an inchapter 118, E.S. the information indicated on the corporation have and inchapter 118, E.S. the information indicated on the corporation have and inchapter 118, E.S. the information indicated on the corporation have and inch	310	PO E	00 Box 1908					STATEMENT 05-0	J			
City & State Variable Variab	Suite, Apt. #, et	ic.		Suite, Apt. #, etc.								
The reinstatement fee is imposed, except circumstances which the entity did not receit the prior notices. By checking this box, years certifying the prior notices were not received and requesting the reinstatement fee be waived. Street Address (P.O. Box Number's Not Acceptable) 200 S. ORANGE HVE Suite, Apt. #, Etc. City SARASOTA State St	Ve~		ニレ		Nord	Dm15,	7-1	•		5. FEI Numbe	Applied For	
Name HRTENSTINE JMICHAEL Street Address (P.O. Box Number is Not Acceptable) 200 S. ORANGE AVE Suite, Apt. #, Etc. City SARASOTA State Zip Code FL 3+33C 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 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director Officer and/or Director Cry PMITCHBIL, RICHARD J 3/O CENTER CT VENICE FL 3+235 (94) 497-60 20 10.1 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 filling 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 fee towed by the corporation have been payed and the names of gligherhous listed on this form do not his form do not house for his form do not house for his form do not his form do not house form do not his form do not house for his form do not his form do not house for his form do not his form do not house for his form do not have the form the for	,		•	ı		14	Count	•		6. CERTIFICATE	SOF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	1
HARTENSTINE JMICHAEL Street Address (P.O. Box Number is Not Acceptable) 200 S. ORANGE HVE Suite, Apr. #, Etc. City SARASOTA State Zip Code FL 3+336 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 Name of Officers and/or Director's Officer and/or Director's Offi												I
S. 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 P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Name of Officers and/or Directors Officer and/or Director P. MITCHELL, RICHARD J 3/0 CENTER CT VENICE FL 34285 (941) 497 - 60 ## 10.1 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 filir this reinstatement application, the reason for dissolution has been eliminated, the corporation and quality for an exemption contained in Chapter 19, F.S. The information indica over by the corporation have been gaded and the names of Indentical sited on this form do not qualities the requirements of Chapter 19, F.S. The information indica	HARTENSTINE, J.MICHAEL Street Address (P.O. Box Number is Not Acceptable) 200 S. ORANGE AVE									The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
Signature of Registered Agent Recistered Agent Name of Officer and/or Directors Name of Officers and/or Directors Name of Officer and/or Directors Name of Officer and/or Directors PMITCHBLL RICHARD 3/0 CENTER CT VENICE FL 34285 (94) 497 - 60 according to the second of the secon	SARASOTA FL 34236											
Name of Officers and/or Directors P MITCHBLL, RICHARD J 3/0 CENTER CT VENICE FL 34285 (94) 497 - 60 300 10. Lertify that Lam 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 filling 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 fee owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indica	Signature of		istered a	ni	Sete	6		ith and accept	the ob	oligations of secti		
P MITCHELL, RICHARD T 3:0 CENTER CT VENICE FL 34285 (94) 497-6030 10. Lecrify 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 filling 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 fee owed by the corporation have been gaid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indica	9. Names an	d Street Addres	sses of E	ach Officer a	nd/or Director (Flo	rida nonpro	ofit corpo	rations must list	t at lea	ast 3 directors)		l
(94) 497 - 60 30 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 filling 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 fee owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indication in the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indication in the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indication in the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indication in the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indication in the corporation in the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indication is the corporation for the corporation have been placed in the corporation for the corporation have been placed in the corporation for t	Titles										City / State / Zip	Į
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 filling 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 fee owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indication in the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indication in the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indication in the corporation has been eliminated.	Ρ	MITCH	Q L L	, Rich	ARD J	₹(0 C	ENTER	<u>C</u> ;	-	VENICE FL 34285	
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 filling 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 fee owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indication in the corporation in the corporation is contained in Chapter 119, F.S. The information indication is contained in Chapter 119, F.S. The information in Chapter 119, F.S. The information in Chapter 119, F.S. The inform							· · · · · · · · · · · · · · · · · · ·				(941) 497-6020	
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 fee owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indica										04. ⁷	00096320671 0/0701025011 **450.00	
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 fee owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indica												l
on this application is the discussion, and my displace spain have the dather legal shoot do it made shoot down.	this reinsta owed by the	atement applica the corporation l	ation, the have bee	reason for di	ssolution has beer e names <u>of indivi</u> d	n eliminated luals listed d	i, the corp on this fo	orate name sa m do not qualif	tisfies fy for a	the requirements in exemption con	of section 607.0401 or 617.0401, F.S., that all fees	
SIGNATURE: 1 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #	SIGNATU		THE AN	Char D TYPED OR I	PRINTED NAME OF	SIGNING OF	FICER OF	DIRECTOR		<u> 3</u> -3		