PLEASE READ	ALL INS	FRUCTIONS	BEFORE C	OMPLET	ING THIS FO	DRM	
APPLICATION FOR Sandra B. Mo Secretary of			NT OF STATE tham State		FILED	. •	- 4
DOCUMENT #P9600063335				98 NOV 23 PM 1:00			
1. Corporation Name				SECIALISM OF STATE TALLAHASSEE, FLORIDA			
FERKEL, INC.				1,4	LAtinopes, fle	MMDIV .	
Principal Place of Business Mailing Address							
1930 Hillview Street P.O. Box 35286 Sarasota, FL 34239 Sarasota, FL 34242							
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				2000026985521 -12/01/9801028006 *****750.00 *****750.00			
New Principal Office Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.		ling Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 07-26-96			
City & State	City & State	, etc.		5. FEI Numbe	346104	Applie	
Zip Country	Zip	Country	y ,	6.	E OF STATUS DESIRED	\$8.75 Additional Fe	pplicable e required
7. Names and Street Addresses of Each Officer and/	or Director (Flo	rida nonprofit corpora	tions must list at lea		LOT STATES DESIRED E	for a Certificate o	Status
Title(s) Name of Officers and/or Directors 3 (Do N			eet Address of Each icer and/or Director se Post Office Box N		4	City / State / Zip	
D/P/T Gray, Leslie 128			thport Dr. Sarasota, FL 34242				
D/V/S Kelly, Charles	9105 Midnight Pass Rd Sarasota, FL 3			FL 34242			
			REINS	STATE	MENT_	98	48
						30 110	,
8. Name and Address of Current Registered Agent Robert W. Browning, Jr. Name				9. Name and Address of New Registered Agent			
1800 Second Street Suite 755 Sarasota, FL 34236	Leslie Gray Street Address (P.O. Box Number is Not Acceptable) 1930 Hillview Street Suite, Apt. #, Etc.						
	City State Zip Code Sarasota FI 34239						
10. I, being appointed the registered agent of the above	e named corpo	ration, am familiar wit			on 607.0505, F.S.	FL 34239	-
Signature of Registered Agent X Sur (1)	GISTERED AG	ENT MUST SIGN			Date1	1-18-98	
11. This corporation owes or ha Intangible Personal Property	s paid the	e current yea June 30.	ır Yes 🗷	No 🗖		her side for information n intangible tax.)	
I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolowed by the corporation have been paid and the nincent on this application is true and accurate, and my significant.	ution has been ames of individ:	eliminated, the corpor uals listed on this form	rate name satisfies to a do not qualify for a	he requirements in exemption und	of section 607.0401 or	617.0401, F.S., that all	fees
SIGNATURE: SIGNATURE AND TYPED OR PRIN	ITED NAME OF S	SIGNING OFFICER OF D	Leslie G <u>Preside</u>	ray nt]]-	78-98 94	1-346-0991	-

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