

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000003760

1. Corporation Name
SABAS OF SARASOTA, INC.

Principal Place of Business
1406 Kimlira Lane
Sarasota, FL 34231

Mailing Address
2055 Wood St., Ste. 104
Sarasota, FL 34237

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
02 JAN -8 PM 2:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida **January 8, 1997**

5. FEI Number

65-0723723

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
D/P	John Saba, Jr.	1406 Kimlira Lane	Sarasota, FL 34231
D/VP	Marilyn Saba	1406 Kimlira Lane	Sarasota, FL 34231
S	Lloyd K. Duncan	2055 Wood St., Suite 104	Sarasota, FL 34231

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

John M. Saba, Jr.
1406 Kimlira Lane
Sarasota, FL 34231

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. 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

REGISTERED AGENT MUST SIGN

Date

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

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

John M. Saba, Jr., Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



2002

ACCOUNT NO. : 072100000032

REFERENCE : 633466 82719A

AUTHORIZATION : *Patricia Pizito*

COST LIMIT : \$ 900.00

ORDER DATE : January 8, 2002

ORDER TIME : 11:56 AM

ORDER NO. : 633466-005

CUSTOMER NO: 82719A

CUSTOMER: Nancy Reeves, Legal Asst
Dooley & Drake, P.a.
1432 First Street

Sarasota, FL 34236

RECEIVED
02 JAN -8 PM 1:45
DIVISION OF CORPORATION

DOMESTIC FILINGS

NAME: SABAS OF SARASOTA, INC.

FILE FIRST

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS

[Handwritten Signature]