

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000015044

1. Corporation Name

RED BARON OF SARASOTA, INC.

Principal Place of Business

2515 12TH ST
SARASOTA FL 34237

Mailing Address

2515 12TH ST
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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/17/1997

5. FEI Number

59-3427827

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
VD	BOOM, OLIN	2500 12TH ST	SARASOTA FL 34237
VD	HASHEM, MICHAEL A	2526 OXWOOD ST	NORTH PORT FL 34287

100003033281--0
-11/02/99--01111--005
****150.00 ****150.00

LS

8. Name and Address of Current Registered Agent

BOOM, OLIN
2500 12TH ST
SARASOTA FL 34237

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 10/15/99

11. 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

Date

10/18/99

Daytime Phone #

(2)

October 18, 1999

Florida Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

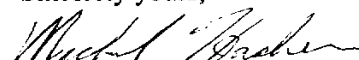
Dear Sir or Madam:

We are enclosing a check for the \$150.00 corporate fee. We had mailed this form in with a check back in February, and can not understand why it was not cashed.

This is the first notice we have received regarding this payment. We are asking you to reinstate our corporation, Red Baron of Sarasota, Inc. #59-3427827.

We are asking you to abate the penalty, as we did not realize you had not received our check.

Sincerely yours,


Mike Hasem