

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR 28 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **2000-01-UBR**
P97000041648

1. Corporation Name

FLORIDA BLUEPRINT OF SARASOTA, INC.
3927 BEE RIDGE ROAD
SARASOTA, FL 34233

2. Principal Office Address

3627 BEE RIDGE ROAD

Suite, Apt. #, etc.

City & State

SARASOTA, FL 34233

Zip

34233

Country

SARASOTA

3. Mailing Office Address

3927 BEE RIDGE ROAD

Suite, Apt. #, etc.

City & State

SARASOTA, FL 34233

Zip

34233

Country

SARASOTA

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/07/97

5. FEI Number

65-0776241

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Stephen F Voight, P.A.

300004063983--1

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

2414 Bee Ridge Rd

04/24/01-01073-005

***300.00 ***300.00

Suite, Apt. #, Etc.

City

SARASOTA

FL

State

FL

Zip Code

34239

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

Date

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

Titles

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

P

JIM ELLIS

4410 SATINLEAF LANE

SARASOTA, FL 34241

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 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

Daytime Phone #

3-14-01

941

923-5262

CR2E081 (9/00)

2 of 2

March 13, 2001

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Corporation: Florida Blueprint of Sarasota, Inc.
FEI #: 65-0776241

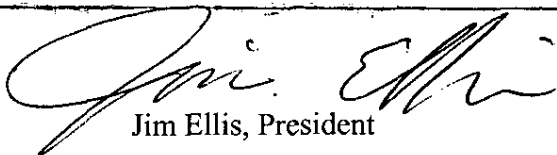
Dear Reader:

The above referenced corporation was in the process of moving to a new location last year and did not receive the Uniform Business Report for 2000. Due to this being such a hectic period the UBR was never received and was inadvertently not filed. There was no intention to dissolve the corporation.

Due to the above facts I am requesting a waiver of the reinstatement fee. Please find enclosed the reinstatement form and a check in the amount of \$300 (\$61.25, annual report fee, \$88.75, corporate report fee and \$150 for the Uniform Business Report for 2001.

If you have any questions, please contact me.

Sincerely,



Jim Ellis, President

Enclosure