

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Andrés B. Martínez
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 APR -7 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA7000062851**

1. Corporation Name

AFFORDABLE SARASOTA PROPERTIES INC

Principal Place of Business

Mailing Address

2664 MARLETTE ST SARASOTA, FL 34231 **2664 MARLETTE ST SARASOTA, FL 34231**

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

4. Date Incorporated or Qualified To Do Business in Florida

JULY 18, 1997

5. FEI Number

65-0167725

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/K/D	RICHARD J. LANCASTER	2664 MARLETTE ST S	SARASOTA, FL 34231
T/S/D	JO ANN LANCASTER	2664 MARLETTE ST	SARASOTA FL 34231
D	VERNON PICKHARDT II	2512 RIVER WILDERNESS BLVD 1512 RIVER WILDERNESS BLVD	PARISH FL 310002836669--9 -04/12/99--01128--001 ****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEPHEN F VOIGHT P.A
2414 BEE RIDGE RD
SARASOTA, FL 34239

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 607.05(5), F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date **MAR. 29, 1999**

11. This corporation owes or has paid 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 607.04(1) or 617.04(1), 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:

RICHARD J. LANCASTER PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR. 29 1999
Date Daytime Phone #