

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 25 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000092393

1. Corporation Name

Sarasota Poinsettia, Inc

2. Principal Office Address

1715 Merrill St.

Suite, Apt. #, etc.

3. Mailing Office Address

1718 Livingston St.

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34237

Country

U.S.

City & State

Sarasota, FL

Zip

34231

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/97

5. FEI Number

650800065

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

Richard D. Saba

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

2033 Main St., Ste 303

Suite, Apt. #, Etc.

303

City

Sarasota

State

FL

Zip Code

34237

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

Richard D. Saba

Date 3/3/06

REGISTERED AGENT MUST SIGN

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
D.	Carlstrom, Edward	1718 Livingston St. Sarasota, FL 34231	Sarasota, FL 34231
VP.	Carlstrom, Eddie A.	1718 Livingston St. Sarasota, FL 34231	Sarasota, FL 34231

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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 contained in Chapter 119, 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:

Edward Carlstrom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-21 -06

Date

941-685-2220

Daytime Phone #