

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 23 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000024556**

1. Corporation Name

PAG OF SARASOTA, INC.

REINSTATEMENT 00-03

300025721693
12/23/03--01019--014 **8.75

300025721693
12/23/03--01019--013 **1200.00

KA

2. Principal Office Address

2746 HIBISCUS STREET

Suite, Apt. #, etc.

3. Mailing Office Address

2746 HIBISCUS STREET

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34239

Country

Zip

34239

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0843406

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

MICHAEL VON GUTTENBERG

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

2746 HIBISCUS STREET

Suite, Apt. #, Etc.

City

SARASOTA

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

Michael von Guttenberg
REGISTERED AGENT MUST SIGN

Date **12/19/03**

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,P,S,T	MICHAEL VON GUTTENBERG	2746 HIBISCUS STREET	SARASOTA, FL 34239

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:

Michael von Guttenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL VON GUTTENBERG, President

12/19/03

(941)

365-6686

Date

Daytime Phone #

CR2E081 (10/02)