

FROM  
APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

(FRI) 9.29.00 11:51/ST. 11:50/NO. 4863333167 P. 2  
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # P98000073226

1. Corporation Name

Weekly Planet of Sarasota, Inc.

Principal Place of Business

Mailing Address

1310 E. 9th Ave.  
Tampa, FL 33605

REINSTATEMENT

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

4. Date Incorporated or Qualified To Do Business in Florida

8/20/98

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

5. FEI Number

59-3273583

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PO	Benjamin A. Eason	1310 E. 9th Ave.	Tampa, FL 33605
ST	Angela LaFon	1310 E. 9th Ave.	Tampa, FL 33605

8. Name and Address of Current Registered Agent

Benjamin A. Eason  
1310 E. 9th Avenue  
Tampa, FL 33605

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc	
City	State Zip Code
	FL

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

9/29/00

11. This corporation owes 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 607.0401 of 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/00

Date

Daytime Phone #

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CR2001 (12/99)

**Florida Department of State**  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

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To:  
Division of Corporations  
Fax Number : (850)922-4004

From:  
Account Name : FOLEY & LARDNER OF TAMPA  
Account Number : 071344001620  
Phone : (813)229-2300  
Fax Number : (813)221-4210

**CORPORATION REINSTATEMENT**  
**WEEKLY PLANET OF SARASOTA, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$758.75