

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02 JUL 11 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

**1. Corporation Name**

Northwind of Sarasota, Inc.

PG9000039940

**2. Principal Office Address**

4801 Proctor Oaks Court

Suite, Apt. #, etc.

**3. Mailing Office Address**

4801 Proctor Oaks Court

Suite, Apt. #, etc.

**City & State**

Sarasota, FL

**Zip**

34233

**Country**

USA

**City & State**

Sarasota, FL

**Zip**

34233

**Country**

USA

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

4/28/1999

**5. FEI Number**

65-0917406

**Applied for**

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☐

2874 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 00-02

**7. Name and Address of Current Registered Agent**

**Name**

Sheasley, Eldon

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

4801 Proctor Oaks Court

Suite, Apt. #, Etc.

**City**

Sarasota

**State**

FL

**Zip Code**

34233

000006347900--0

07/12/02--01017--028

\*\*\*1050.00 \*\*\*1050.00

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

*Eldon Sheasley*

REGISTERED AGENT MUST SIGN

Date *7/7/02*

**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 / Street / Zip
D	Sheasley, Eldon	4801 Proctor Oaks Court	Sarasota, FL 34233

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:

*Eldon Sheasley* ELDON SHEASLEY, PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*7/7/02*

941-924-0019

Daytime Phone #