

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 24 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000109632

1. Corporation Name

NEW VIEW OF SARASOTA, INC.

Principal Place of Business

4023 SAWYER RD
#242
SARASOTA FL 34233
US

Mailing Address

4023 SAWYER RD
#242
SARASOTA FL 34233
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4023 SAWYER RD
Suite, Apt. #, etc.
#240

3. New Mailing Office Address, If Applicable

4023 SAWYER RD
Suite, Apt. #, etc.
#240

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/1999

5. FEI Number

65-0962273

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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| D | CONWAY, JAMES | 2728 ESPANOLA AVE | SARASOTA FL 34239 |
| D | HINSHAW, CONNIE | 2728 ESPANOLA AVE | SARASOTA FL 34239 |
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| | | | |
| | | | |

8. Name and Address of Current Registered Agent

CONWAY, JAMES
2728 ESPANOLA AVE
SARASOTA FL 34239

9. Name and Address of New Registered Agent

Name CONNIE HINSHAW
Street Address (P.O. Box Number is Not Acceptable)
2881 Grand Cayman St
Suite, Apt. #, Etc.
City Sarasota State FL Zip Code 34231

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. or 617.0505, F.S.

Signature of
Registered Agent

CONNIE HINSHAW
REGISTERED AGENT MUST SIGN

Date

10/20/02

11. 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:

CONNIE HINSHAW
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/02 941-921-7202

CR2E040 (8/02)

New View, Inc.

4023 Sawyer Rd. #240
Sarasota, Fl. 34231

Phone 941-921-7202
Fax 941-921-3941

Division of Corporations
Annual Report
PO Box 6327
Tallahassee, Florida 32314-6327

Dear Sir;

The address of my business has changed since last year. I have made appropriate changes on the enclosed form. I did not receive the Prior requests for this form. The tenants occupying my old office were kind enough to bring me this one. I am requesting for this reason that the \$600.00 Penalty be waived. Enclosed is my check for 158.75 for reinstatement and certificate of status. Thank you for your assistance.

Connie Hinshaw
Vice President


New View of Sarasota