

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V02274

1. Corporation Name

SIESTA KEY CEDARS, INC.

Principal Place of Business

Mailing Address

**3930 RED ROCK WAY
SARASOTA FL 34231**

**3930 RED ROCK WAY
SARASOTA FL 34231**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

12/23/1991

5. FEI Number

65-0305314

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)

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
D	STEIN, MARGARET B	3930 RED ROCK WAY	SARASOTA FL 34231
D	STEIN, KATHLEEN E.	221 THE BOWERY	NEW YORK NY 10002
D	LONG, JULIA S.	9 THE CRESCENT	BABYLON NY 11702
D	STEIN, JOHN F	3809 WOODMONT LN.	NASHVILLE TN 37215

100002772571--1

-02/11/99--01032--011

******900.00 ****900.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**STEIN, MARGARET B.
3930 RED ROCK WAY
SARASOTA FL 34231**

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Margaret B. Stein

REGISTERED AGENT MUST SIGN

Date

Feb. 1, 1999

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other section 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 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:

Margaret B. Stein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 1, 1999

Date

941-955-0199

Daytime Phone #

CR2E040 (9/98)