PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 18 PM 4:13

DOCUMENT # 762398

1. Corporation Name

COCOANUT BAYOU ASSOCIATION, INC.

Principal Place of Business	Mailing Address
COCOANUT BAYOU ASSO. INC PO BOX 15714 SARASOTA FL 34277 US	COCOANUT BAYOU ASSO. INC PO BOX 15714 SARASOTA FL 34277 US

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

REINSTATEMENT 00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. 237 Cedar Park Cr	Suite, Apt. #, etc. 237 Cedar Park Cr
City & State SARASOTA FL	City & State Sarasota FL
Zip 34242 Country SARASOTA	Zip 34242 Country Sarasota

4. Date Incorporated or Qualified To Do Business in Florida: 03/11/1982

5. FEI Number: 59-2163583 ☐ 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
PD	CILMAN, BARRY G	4317 MIDNIGHT PASS RD	SARASOTA FL
D	CARNEY, EDWARD , SR	4316 MANGROVE POINT RD.	SARASOTA FL
D	OLSEN, URSULA M. (MRS)	4111 HIGEL AVENUE	SARASOTA FL
D	NICHOLLS, ANDREW B.C.	4141 HIGEL AVENUE	SARASOTA FL
VD	OLSON, DOUGLAS E	251 CEDAR PARK CIR	SARASOTA FL
SD	BANZHOF, SHARON	4305 MANGROVE PL	SARASOTA FL

8. Name and Address of Current Registered Agent

CILMAN, BARRY G
4317 MIDNIGHT PASS RD
SARASOTA FL 34242

9. Name and Address of New Registered Agent

Name: Doug Olson
Street Address (P.O. Box Number is Not Acceptable): 237 Cedar Park Cr
Suite, Apt. #, Etc.:
City: SARASOTA State: FL Zip Code: 34242

CR2E040 (8/00)

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 _____ Date 10/13/00
REGISTERED AGENT MUST SIGN

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.

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SIGNATURE: _____ 10/13/00 941-366-0090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Doug Olson