

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 15 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765891

1. Corporation Name

BLUE DOLPHIN ESTATES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~2020 EAST DOLPHIN DR~~
ENGLEWOOD FL 34223
US

~~2020 EAST DOLPHIN DR~~
ENGLEWOOD FL 34223
US

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

2110 WEST DOLPHIN DR
Suite, Apt. #, etc.

2110 WEST DOLPHIN DR
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/1982

City & State

City & State

ENGLEWOOD FL

ENGLEWOOD FL

Zip

Country

34223

34223

Country

5. FEI Number

59-2369612

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
SDT	HOYT, RICHARD B RICHARD FUERST	2005 EAST DOLPHIN DR 2020	ENGLEWOOD FL 34223
T	ABBOTT, CHARLES	2070 E. DOLPHIN DR.	ENGLEWOOD FL 34223
PD	FUERST, RICHARD A ANDREW KINNECOM	2020 EAST DOLPHIN DR 2110 WEST	ENGLEWOOD FL 34223
VPD	PAUFUE, ELDRED H CATHY MARIANNI	2096 DOLPHIN DR 2150 WEST	ENGLEWOOD FL 34223
			500029295325 02/24/04--01021--001 **236.25
			500029295325 03/11/04--01037--009 **61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

ANDREW KINNECOM

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

2110 WEST DOLPHIN DR

Suite, Apt. #, Etc.

City

ENGLEWOOD

State

FL

Zip Code

34223

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

REGISTERED AGENT MUST SIGN

Date

2/9/07

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW KINNECOM

Date

2/9/07

Daytime Phone #

941-475-8879

CR2E040 (7/03)