

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  
 99 OCT 20 AM 11:58

DOCUMENT # N13833  
 1. Corporation Name  
 FIFTY-ELEVEN OCEAN BOULEVARD ASSOCIATION, INC.

Principal Place of Business Mailing Address  
 % KEITH KNAPP % KEITH KNAPP  
 5011 OCEAN BLVD. 5011 OCEAN BLVD.  
 SARASOTA FL 34242-1634 SARASOTA FL 34242-1634



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/14/1986	
City & State		City & State		5. FEI Number	
Zip		Zip		NOT APPLICABLE	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4. City, State, Zip
PD	KNAPP, KEITH	5011 OCEAN BLVD.	SARASOTA FL
STV	KNAPP, CHRISTL MEISTER	5011 OCEAN BLVD.	SARASOTA FL
D	GEBHARD, DIETER	5011 OCEAN BLVD.	SARASOTA FL
D	KNAPP, CHRISTL, MEISTER	5011 OCEAN BLVD	SARASOTA FL

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
KNAPP, KEITH 5011 OCEAN BLVD. SARASOTA FL 33581		Name KEITH KNAPP Street Address (P.O. Box Number is Not Acceptable) 1250 DOAK DR 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.  
 Signature of Registered Agent Keith Knapp Date 15 Oct 99  
 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)(X), 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: Keith Knapp KEITH KNAPP Date 15 OCT 99 (941) 921-1609  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

15 Oct 1999

Dear Sirs:

I am submitting this form as per our telephone conversation. I received no notice or late notice as it was mailed to the wrong address. You will see the corrected address in the appropriate box on the form. Please amend your records to reflect the change.

Sincerely,



Keith Knapp