

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

DOCUMENT # N13833

1. Corporation Name

FIFTY-ELEVEN OCEAN BOULEVARD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% KEITH KNAPP  
5011 OCEAN BLVD.  
SARASOTA FL 34242-1634

% KEITH KNAPP  
5011 OCEAN BLVD.  
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/14/1986

5. FEI Number

NOT APPLICABLE

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	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 DOAL 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*

REGISTERED AGENT MUST SIGN

Date 15 Oct 99

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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Keith Knapp*

KEITH KNAPP

15 OCT 99 (941) 981-1609

Date 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,

A handwritten signature in black ink, appearing to read "Keith Knapp", written over the printed name.

Keith Knapp