PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

97.96

FILED
96 DEC 20 PM 2:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N14774

1 Corporation Name: 1617 Tuttle Association, Inc.
W96-26295

Principal Place of Business	Mailing Address
1617 S. Tuttle Ave.	P.O. Box 2253
Sarasota, FL 34239	Sarasota, FL 34230

REINSTATEMENT AD

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing 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: May 6, 1986

5. FEI Number: 59-2750205 ☐ 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
P/D	Jameel Audeh	1617 Tuttle Ave. S.	Sarasota FL 34239
S/D	Joseph Bubinak	1617 Tuttle Ave. S.	Sarasota FL 34239
V/D	Paul Giorgetti	1617 Tuttle Ave. S.	Sarasota FL 34239
T/D	Greg McConnell	1617 Tuttle Ave. S.	Sarasota, FL 34239

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Gary A. Bucholtz, CPA
Street Address (P.O. Box Number is Not Acceptable): 1549 Ringling Blvd.
Suite, Apt. #, Etc.: Suite 404
City: Sarasota | State: FL | Zip Code: 34236

CR2E040 (12/95)

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: Gary A. Bucholtz
REGISTERED AGENT MUST SIGN

Date: 12-10-96

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-127267.96--01015--005
****796.25 ****796.25
(See other side for information on intangible tax.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Paul Giorgetti, VP 12/10/96 1-941-366-1612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #