

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N21307

1. Corporation Name

KEITH POINTE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

510 KEITH PT. DR.  
SARASOTA FL 34236  
US

Mailing Address

510 KEITH POINTE DR.  
SARASOTA FL 34236  
US

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

2. New Principal Office Address, If Applicable

500 KEITH POINTE DR  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

500 KEITH POINTE DR  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



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4. Date Incorporated or Qualified  
To Do Business in Florida

06/24/1987

5. FEI Number

65-0106382

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	
1	2	3	4
BRIGGS, ELAINE	510 KEITH POINTE DRIVE	SARASOTA FL	10000302681- - 5 -10/27/99--01031--003
BRIGGS, BARRY	510 KEITH POINTE DRIVE	SARASOTA FL	***236.25 ***236.25
COOK, LOUELLA	520 KEITH PT. DR.	SARASOTA FL 34236	
COCKS, ALAN	500 KEITH POINTE DR	SARASOTA, FL 34236	
BEG, JIM	520 KEITH POINTE DR	SARASOTA, FL 34236	

8. Name and Address of Current Registered Agent

BRIGGS, ELAINE  
510 KEITH PT. DR  
SARASOTA FL 34236

9. Name and Address of New Registered Agent

Name COCKS, ALAN C.  
Street Address (P.O. Box Number is Not Acceptable)  
500 KEITH POINTE DRIVE  
Suite, Apt. #, Etc.

City SARASOTA

State FL

Zip Code 34236

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

Alan C. Cocks

REGISTERED AGENT MUST SIGN

Date 10/18/99

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN C. COCKS

10/18/99

Date

941-388-1911

Daytime Phone #