

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000098659

1. Corporation Name

BO KNIGHT'S SEAFOOD SHANTY INC.

Principal Place of Business

191 MARY ESTHER BLVD  
MARY ESTHER FL 32569

Mailing Address

807 LINDA DRIVE  
MARY ESTHER FL 32569

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

2. New Principal Office Address, If Applicable

104 Perry Road  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1934 COSTA VERDE CT  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

10/18/2000

5. FEI Number

59-3677817

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
PD	KNIGHT, ELDRID T	191 MARY ESTHER BLVD	MARY ESTHER FL 32569
VTD	SCHOENER, CHARLES J	191 MARY ESTHER BLVD	MARY ESTHER FL 32569

8. Name and Address of Current Registered Agent

SCHOENER, CHARLES J  
807 LINDA DRIVE  
MARY ESTHER FL 32569

9. Name and Address of New Registered Agent

Name

Same

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

1934 COSTA VERDE CT  
Suite, Apt. #, Etc.

City

Navarre

State

FL

Zip Code

32569

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

SIGNATURE REQUIRED

Date 10-21-02

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)(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/02

Daytime Phone #

CR2ED40 (8/02)

BO KNIGHT'S SEAFOOD SHANTY INC.  
59-3677817

PLEASE ACCEPT THIS APPLICATION FOR REINSTATMENT WITH THE PAYMENT ATTACHED  
OF \$150.00. THIS IS THE ONLY NOTICE RECEIVED FOR THIS CORPORATION FOR THE 2002  
YEAR.

ALL CHANGES HAVE BEEN MARKED ON THE NOTICE

THANK YOU

BO KNIGHT