

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000023517

1. Corporation Name

RECREATIONAL PROPERTY MANAGEMENT CORP.

Principal Place of Business

Mailing Address

~~2809 NORTHWOOD CR~~
~~SARASOTA FL 34234~~
US

~~2809 NORTHWOOD CR~~
~~SARASOTA FL 34234~~
US

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

~~2192 BORDER RD~~
Suite, Apt. #, etc.

~~2192 BORDER RD~~
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/1999

5. FEI Number

65-0916167

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

City & State
VENICE, FL

City & State
VENICE, FL

Zip
34292

Country
SARASOTA

Zip
34292

Country
SARASOTA

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	BISAHA, KEITH	2809 NORTHWOOD CR	SARASOTA FL 34234
PD	BISAHA, KEITH	2192 BORDER RD	VENICE, FL 34292
			000004670880--B -11/07/01--01050--025 ****758.75 ****758.75
			REINSTATEMENT 01 78

8. Name and Address of Current Registered Agent

BISAHA, KEITH
2809 NORTHWOOD CR
SARASOTA FL 34234

9. Name and Address of New Registered Agent

Name
BISAHA, KEITH
Street Address (P.O. Box Number is Not Acceptable)
2192 BORDER RD
Suite, Apt. #, Etc.
City
VENICE
State
FL
Zip Code
34292

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

SIGNATURE REQUIRED

Date

10/18/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/18/01

Daytime Phone #

941-468-2230