

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 MAR 30 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000059783

1. Corporation Name

DOUGLAS A. KNELLER, P.A.

200173691492  
03/30/10--01028--023 \*\*1358.75

REINSTATEMENT 02-10

2. Principal Office Address - No P.O. Box #

1112 Riverside Drive

Suite, Apt. #, etc.

2nd Floor

City & State

Holly Hill, FL

Zip

32117

Country

Volusia

3. Mailing Office Address

Post Office Box 15228

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

Zip

32115

Country

Volusia

4. Date Incorporated or Qualified  
To Do Business in Florida 07/11/1999

5. FEI Number

59-3586968

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Douglas A. Kneller

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

1112 Riverside Drive

Suite, Apt. #, Etc.

2nd Floor

City

Holly Hill

State

FL

Zip Code

32117

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date 3/25/10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/T/D	Douglas A. Kneller	1112 Riverside Drive	Holly Hill, FL 32117

10. E-mail Address: dkneller@daytonadivorce.com

(To be used for future annual report notification)

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. I further certify, 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

3/25/10

Date

386-257-4699

Daytime Phone #