


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N00000007751**

1. Corporation Name
FRIENDS OF RESTORATION AND ENHANCEMENT OF VALPARAISO'S ENVIRONMENTAL RESOURCES, INC.

Principal Place of Business CITY OF VALPARAISO 465 CALPARAISO PKWY VALPARAISO FL 32580	Mailing Address CITY OF VALPARAISO 465 CALPARAISO PKWY VALPARAISO FL 32580
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. 465 VALPARAISO PKWY City & State	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. 465 VALPARAISO PKWY City & State
Zip	Country

FILED
 04 JAN 13 PM 4:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT 03-04

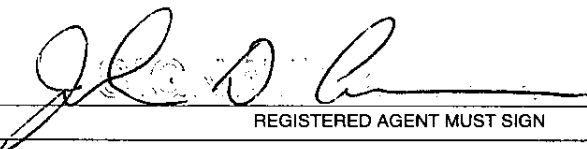
4. Date Incorporated or Qualified To Do Business in Florida 11/21/2000	
5. FEI Number 59-3657218	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	LIGHTFOOT, STEVE A	20 BAYSHORE POINT	VALPARAISO FL 32580
STD	CAMERON, JOHN D	267 BAYSHORE DRIVE	VALPARAISO FL 32580
D	WILSON, BRANDON	1267 BAYSHORE DRIVE	VALPARAISO FL 32580
D	WILSON, ROBERT WESTON, MARY	266 MISSISSIPPI AVE 264 FLORIDA AVE	VALPARAISO FL 32580
D	HOLTZ, JANE BLACKER, DOTTIE	1271 BAYSHORE DRIVE 47 HIDDEN COVE	VALPARAISO FL 32580
D	SHEPPARD, GEORGE JR.	404 DAVENPORT AVE.	VALPARAISO FL 32580

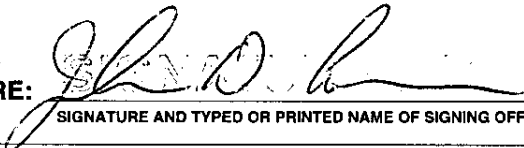
8. Name and Address of Current Registered Agent CAMERON, JOHN D 267 S BAYSHORE DRIVE VALPARAISO FL 32580	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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10. 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  Date **8 JAN 04**

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:  **8 JAN 04** **850-586-1553**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED40 (7/03)