

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV 15 PM 12:44

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N19576

1. Corporation Name
 AMBER LAKE WILDLIFE REFUGE AND REHABILITATION CENTER

Principal Place of Business Mailing Address
 297 ARTISTS AVENUE
 ENGLEWOOD, FLORIDA 34223

REINSTATEMENT 99e

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	3/6/87
5. FEI Number	59-2766635
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/>

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	EDWIN LEWIS PIERSON	297 ARTISTS AVENUE ENGLEWOOD, FL 34223	ENGLEWOOD, FL 34223
D	ROGER A. BOTELSON, DDM	381 EDEN DRIVE	ENGLEWOOD, FL 34223
D	JOHN BASS II	1490 HOMESTEAD	ENGLEWOOD, FL 34223
D	JOHN H. FLOWER, D.D.S	1886 WHISPERING PINES CR.	ENGLEWOOD, FL 34223
D	RHONDA F. PIERSON	701 EDWARDS STREET	ENGLEWOOD, FL 34223

8. Name and Address of Current Registered Agent

David M. Silberstein
 720 South Orange Avenue
 Sarasota, Florida 34236

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 400003060234--2
 Suite, Apt. #, Etc. -12/03/99--01017--023
 City State Zip Code
 FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent: *[Signature]* Date: 11/11/99
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.) KE

12. 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]* (EDWIN LEWIS PIERSON) 11-1-99 941-475-4585
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25001 (12/98)