

# 2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N25664

**FILED**  
**Oct 08, 2013**  
**Secretary of State**

**Entity Name:** FLORIDA EXOTIC PEST PLANT COUNCIL, INCORPORATED

**Current Principal Place of Business:**

DIANNE OWEN, FLORIDA ATLANTIC UNIVERSITY  
DEPT. BIOL. SCIENCES, 777 GLADES ROAD  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

DIANNE OWEN, FLORIDA ATLANTIC UNIVERSITY  
DEPT OF BIOL. SCIENCES, 777 GLADES ROAD  
BOCA RATON, FL 33431 US

**Current Mailing Address:**

FLEPPC  
PO BOX 23426  
FT. LAUDERDALE, FL 33307

**New Mailing Address:**

**FEI Number:** 65-0140632      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

OWEN, DIANNE  
1467 NE 36 STREET  
OAKLAND PARK, FL 33334 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DIANNE OWEN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DT  
Name: OWEN, DIANNE  
Address: 1467 NE 36 STREET  
City-St-Zip: OAKLAND PARK, FL 33334

Title: DS  
Name: COOPER, AIMEE  
Address: UNIV OF FL, 200 9TH STREET SE  
City-St-Zip: VERO BEACH, FL 32962

Title: C  
Name: GIARDINI, DENNIS  
Address: 300 TOWER ROAD  
City-St-Zip: NAPLES, FL 34113

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DIANNE OWEN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DT

10/08/2013

\_\_\_\_\_  
Date