PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUL 25 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500021789655
07/25/03--01061--030 **481.25

500021789655
07/25/03--01061--029 **8.75

DOCUMENT # N93000004436(2)

1. Corporation Name
NORTH AMERICAN SNAKE INSTITUTE, INC.

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 3005 Tega Cay Court | 3005 Tega Cay Court |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Riverview, Florida | City & State: Riverview, Florida |
| Zip: 33569 Country: USA | Zip: 33569 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 10/01/1993

5. FEI Number: 59-3214570 ☐ 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: YVONNE HOFFMAN

Street Address (P.O. Box Number is Not Acceptable): 3005 Tega Cay Court

Suite, Apt. #, Etc.:

City: RIVERVIEW State: FL Zip Code: 33569

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: Yvonne Hoffman — REGISTERED AGENT MUST SIGN

Date: ~~07/17/03~~ 7/21/03

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 |
|---|---|---|---|
| DP | ROSSI, JOHN V | 2641 Park Street | Jacksonville, Fl. 32203 |
| DVP | BUTLER, JOSEPH A. | c/o Dept. of Biology, University of N. Fk | Jacksonville, Fl. 32224 |
| D | HOFFMAN, YVONNE | 3005 Tega Cay Court | Riverview, Fl. 33569 |
| | | | |
| | | REINSTATEMENT | 09-03 TS |
| | | | |

10. 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: Director/President — 07/16/2003 — 904-388-3494

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

# BALES · WEINSTEIN
ATTORNEYS AT LAW

JOHN CALHOUN BALES
CRAIG P. CLENDINEN
SCOTT DISTASIO
WILLIAM L. DUNKER
DANIEL P. FERNANDEZ
KIMBERLY STAFFA MELLO
GEOFFREY PARMER
JOHN D. SHOFI
KENNETH S. TAKACS, JR.
DAVID B. WEINSTEIN
KENNETH C. WHALEN

A BALES WEINSTEIN
PROFESSIONAL ASSOCIATION
COURTHOUSE PLAZA
625 E. TWIGGS ST., SUITE 100
TAMPA, FLORIDA 33602
TELEPHONE (813)224-9100
FACSIMILE (813)224-9109

MAILING ADDRESS:
P.O. BOX 172179
TAMPA, FL 33672-0179

July 21, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: North American Snake Institute Inc. – N93000004436(2)

Dear Sir or Madam:

Attached please find duly executed Corporation Reinstatement in connection with North American Snake Institute, Inc., together with check for reinstatement in the amount of $481.25 covering the year of dissolution, 1999, to the present.

Also enclosed please find check in the amount of $8.75 to cover the cost of a Certificate of Status.

**Please forward the Certificate of Status to the undersigned, a pre-paid federal express return envelope is enclosed for your use in returning these documents to us in an expedited manner.**

If you have any questions, please feel free to contact me.

Sincerely,

William Dunker

William Dunker

Enclosures