

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	
DOCUMENT # N93000004436(2) 1. Corporation Name NORTH AMERICAN SNAKE INSTITUTE, INC.					
2. Principal Office Address 3005 Tega Cay Court Suite, Apt. #, etc.		3. Mailing Office Address 3005 Tega Cay Court Suite, Apt. #, etc.		500021789655 07/25/03--01061--030 **481.25 500021789655 07/25/03--01061--029 **8.75	
City & State Riverview, Florida		City & State Riverview, Florida		4. Date Incorporated or Qualified To Do Business in Florida 10/01/1993	
Zip 33569		Country USA		5. FEI Number 59-3214570	
				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 <u><i>Yvonne Hoffman</i></u> Date <u>07/21/03</u> REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officer 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. Fl.	Jacksonville, Fl. 32224		
D	HOFFMAN, YVONNE	3005 Tega Cay Court	Riverview, Fl. 33569		
REINSTATEMENT					
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)(b), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: <u><i>Yvonne Hoffman</i></u> Director/President Date <u>07/16/2003</u> 904-388-3494 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					

BALES · WEINSTEIN
ATTORNEYS AT LAW

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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:

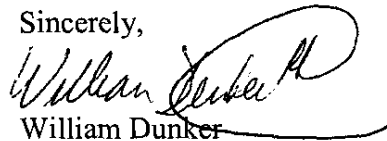
Attached please find duly executed Corporation Reinstatement in connection with North American Snake Institute, Inc., together with check for reinstatement in the amount of \$481.25 covering the year of dissolution, 1999, to the present.

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

Enclosures