


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 OCT 29 PM 1:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N9600002484**

1. Corporation Name
LOXAHATCHEE PRESERVE NATURE CENTER, INC.

Principal Place of Business
**8264 NORTHLAKE BLVD.
 W PALM BEACH FL 33412**

Mailing Address
**1764 No Congress Ave Ste 200
~~8264 NORTHLAKE BLVD~~
 W PALM BEACH FL ~~33412~~ 33409**



REINSTATEMENT *JAA*

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		4. Date Incorporated or Qualified To Do Business in Florida 05/06/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0675469	
City & State		City & State		Applied For Not Applicable	
Zip		Zip		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
P	GLEASON, PAT	1131 N. PALMWAY	LAKE WORTH FL 33460
TD	STEIN, MIMI	800 N OLIVE AVE 1764 No Congress Ave Ste 200	W PALM BEACH FL 33412 33409
D	GALE, MEG	1726 N LAKESIDE DR	LAKE WORTH FL 33460
D	TREFRY, ALLEN	14939 PALMWOOD ROAD	PALM BEACH GARDENS FL 33410
1/LS			
600004690246--0 -11/21/01--01018--006 *****61.25 *****61.25			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
REARDEN, KENNETH 1000 45TH ST W PALM BEACH FL		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		600004690246--0 -11/21/01--01018--007 ****175.00 ****175.00 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 607.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date **10/25/01**
 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: *Mimi Stein* **SIGNATURE REQUIRED** Date **10/26/01** Daytime Phone # **561-687-0700**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)