

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000041484

1. Corporation Name

THE AEGEAN NATURE INSTITUTE, INC.

Principal Place of Business

Mailing Address

1605 MAIN STREET
SUITE 1001
SARASOTA FL 34236

1605 MAIN STREET
SUITE 1001
SARASOTA FL 34236

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

05/26/1995

5. FEI Number

65-0583053

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPT	ANAST, MARCUS	1605 MAIN STREET SUITE 1001	SARASOTA FL 34236
DVPS	ANAST, PAMELA	1605 MAIN STREET SUITE 1001	SARASOTA FL 34236
AS	ANAST, JAIME	1605 MAIN STREET SUITE 1001	SARASOTA FL 34236
ST	ANAST, NOAH	1605 MAIN STREET SUITE 1001	SARASOTA FL 34236
100004737821-0 -12/26/01--01018-003 ****750.00 ****750.00			

8. Name and Address of Current Registered Agent

GOLDSMITH, STANLEY A
1605 MAIN STREET
SUITE 1001
SARASOTA FL 34236

9. Name and Address of New Registered Agent

MARCUS ANAST
Street Address (P.O. Box Number is Not Acceptable)
312 S. WASHINGTON BLVD
Suite, Apt. #, Etc.
City
SARASOTA
State
FL
Zip Code
34236

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

REGISTERED AGENT MUST SIGN

Date 11/19/2001

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/18/2001

FILED
01 DEC -7 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2040 (6/01)