PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 DEC 28 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 720596

1. Corporation Name
FLORIDA KEYS AUDUBON SOCIETY

Principal Place of Business	Mailing Address
1735 BAHAMA DR. KEY WEST, FL 33040	P.O. BOX 1573 KEY WEST, FL 33041

92-94

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

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

Date Corporation First Authorized To Do Business in Florida
26 MARCH 1971 (Audubon Society)

5. FEI Number: 23-7207666 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
P	DR. MARK WHITESIDE	1735 BAHAMA DR.	KEY WEST, FL 33040
V	HOMER HERRICK	1401 REYNOLDS ST.	KEY WEST, FL 33040
S	PAULA SPANN	234 SAWYER DR.	CUDJOE KEY, FL 33042
T	JANICE DRINKWATER	95 BAY DR.	KEY WEST, FL 33040
D	See attached list		

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name: HOMER B. HERRICK Street Address (P.O. Box Number is Not Acceptable): 1401 REYNOLDS ST. Suite, Apt. #, Etc.: UP City: KEY WEST State: FL Zip Code: 33040-4[illegible]

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: Homer B. Herrick
REGISTERED AGENT MUST SIGN

Date: Dec 20, 1999

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

HOMER B. HERRICK

SIGNATURE: Homer B Herrick — Dec. 20, 1999 — (305) 296-3847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #