

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 728699

1. Corporation Name

HARBOR BRANCH OCEANOGRAPHIC INSTITUTION, INC.

Principal Place of Business

5600 U.S. 1 NORTH
FT. PIERCE FL 34946

Mailing Address

5600 U.S. 1 NORTH
FT. PIERCE FL 34946

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

02/01/1974

5. FEI Number

59-1542017

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CD	JOHNSON, J. SEWARD	66 BATTLE ROAD	PRINCETON NJ
C	FARINACCI, STEPHEN M	3208 MEMORY LANE	FT PIERCE FL
DPS	HERMAN, RICHARD J (ASST)	585 32ND AVE SW	VERO BCH FL
ST	HEWITT, LOUIS R. (ASST)	25 WOLFPACK RD.	MERCERVILLE NJ

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8. Name and Address of Current Registered Agent

HERMAN, RICHARD J.
5600 US 1 NORTH
FT. PIERCE FL 34946

9. Name and Address of New Registered Agent

Name
Stephen M. Farinacci
Street Address (P.O. Box Number is Not Acceptable)
5600 U.S. 1 North
Suite, Apt. #, Etc.

City
Ft. Pierce
State
FL
Zip Code
34946

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

Richard J. Herman
REGISTERED AGENT MUST SIGN

Date 10/13/99

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:

Richard J. Herman

Richard J. Herman

10/13/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #