

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


04 FEB 24 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/23/04--01074--002 **297.50

REINSTATEMENT 07-04

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 735127			
1. Corporation Name Institute for Cultural Ecology of The Tropics, Inc.			
2. Principal Office Address 1900 5th St., NW Suite, Apt. #, etc.		3. Mailing Office Address 221 E. Van Buren Ave. Suite, Apt. #, etc.	
City & State Winter Haven, Florida Zip 33885 Country USA		City & State Harlingen, TX Zip 78550 Country USA	

4. Date Incorporated or Qualified To Do Business in Florida March 4, 1976	
5. FEI Number 59-1713384	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Lucius M. Dyal, Jr.		
Street Address (P.O. Box Number is Not Acceptable) 1900 5th Street, N.W.		
Suite, Apt. #, Etc.		
City Winter Haven	State FL	Zip Code 33885

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

Lucius M. Dyal, Jr.

REGISTERED AGENT MUST SIGN

Date February 17, 2004

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	S. Jeffrey K. Wilkerson	1900 5th St. NW	Winter Haven, FL 33885
T/D	S. Jeffrey K. Wilkerson	1900 5th St. NW	Winter Haven, FL 33885
S/D	Lucius M. Dyal, Jr.	1900 5th St. NW	Winter Haven, FL 33885

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)(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:

S. Jeffrey K. Wilkerson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. Jeffrey K. Wilkerson Feb. 17, 2004 863 595-4032

Date

Daytime Phone #

CRZE001 (01/04)