PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAR 20 AM 8:36

TALLAHASSEE, FLORIDA

DOCUMENT # 746868

REINSTATEMENT 05-06

EP

CR2E081 (12/05)

1. Corporation Name
St. John's County Audubon Society, Inc.

2. Principal Office Address	**3.** Mailing Office Address
King St.	P.O. Box 965
St. Augustine, FL. 32085-0965	St. Augustine, FL. 32085-0965
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3329771 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Larry Sachs

Street Address (P.O. Box Number is Not Acceptable): 137 Turtle Bay Lane

400070446924
04/14/06--01028--007 **29.50

Suite, Apt. #, Etc.: ~~Ponte Vedra Beach~~

City: Ponte Vedra Beach | State: FL | Zip Code: 32082

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: Larry Sachs — REGISTERED AGENT MUST SIGN — Date: 3/15/06

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	Diane Reed	110 Ocean Hollow Lane #201	St. Augustine, FL. 32084
VP	Charles Vonder Kolk	1270 Neck Road	Ponte Vedra Bch, FL. 32082
S	Lee Chellemi	410 14th Street	St. Augustine, FL. 32084
T	Larry Sachs	137 Turtle Bay Lane	Ponte Vedra Bch, FL. 32082
D	Margaret Carver	110 Ocean Hollow Lane #208	St. Augustine, FL. 32084
D	Don Beattie	808 Mill Pond Road	Jacksonville, FL. 32259

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 contained in Chapter 119, 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: Larry Sachs (LARRY SACHS) — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 3/15/06 — Daytime Phone #: (904) 566-6573