PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747844

1. Corporation Name
The Olga Fleisher Ornithological Foundation, Inc.

REINSTATEMENT 95.00
900025721069
12/23/03--01015--026 **735.00

2. Principal Office Address	3. Mailing Office Address
161 Avondale Road	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Rochester, New York	City & State
Zip: 14622 Country: Monroe	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 6/28/79

5. FEI Number: 59-1952648 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Avis & Avis, P.A.

Street Address (P.O. Box Number is Not Acceptable): 125 Worth Avenue

Suite, Apt. #, Etc.: Suite

City: Palm Beach | State: FL | Zip Code: 33480

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: Margarita E. Neumann — REGISTERED AGENT MUST SIGN — Date: 12/16/03

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	Margarita E. Neumann	161 Avondale Road	Rochester, NY 14622
V/D	Christopher M. Neumann	5015 NE 23rd Avenue	Portland, OR 97211
S/T/D	Elizabeth VanAcker	254 Daley Boulevard	Rochester, NY 14617
D	Paul A. Neumann	118 Berkeley St. #2	Rochester, NY 14607
D	Bryan R. Pelkey	1134 Titus Avenue	Rochester, NY 14617
D	William VanAcker	254 Daley Boulevard	Rochester, NY 14617
D	Deborah M. Esler	120 Gleason Circle	East Rochester, NY 14445

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: Margarita E. Neumann — Margarita E. Neumann 12/09/03 (585)338-1820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #