

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 16 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300009239923
11/27/02--01054--002 **61.25



300009239923
12/16/02--01031--005 **88.75

DOCUMENT # F01000006522

1. Corporation Name

ECOVILLAGE INSTITUTE, INC.

Principal Place of Business

1726 SHOOKSTOWN ROAD
FREDERICK MD 21702

Mailing Address

1726 SHOOKSTOWN ROAD
FREDERICK MD 21702

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

2. New Principal Office Address, If Applicable

12606 Trillium Glen Lane

Suite, Apt. #, etc.

Lovettsville, VA

City & State

3. New Mailing Office Address, If Applicable

12606 Trillium Glen Lane

Suite, Apt. #, etc.

Lovettsville, VA

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/2001

5. FEI Number

52-2051596

Applied For

Not Applicable

6. ☐ CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

Zip 20180

Country USA

Zip 20180

Country USA

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
C	SUNDERGILL, RON	326 HART ROAD	GAITHERSBURG MD 20878
VC	BRATZEL, MAXINE	13743 LAKESIDE DRIVE	CLARKSVILLE MD 21704
P	O'REAR, GRADY	1726 SHOOKSTOWN ROAD	FREDERICK MD 21702
S	BUNDY, MARK M	1111 KINGS HEATHER DRIVE	MITCHELLVILLE MD 20721
T	LINDAUER, MARY	15825 BUENA VISTA DRIVE	DERWOOD MD 20855
BM	ADELSTEIN, MAXINE	4310 BUCKEYSTOWN PIKE	FREDERICK MD 21704

8. Name and Address of Current Registered Agent

NELSON, JEFFREY S
3909-A NEWBERRY ROAD
GAINESVILLE FL 32607

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Jeffrey S. Nelson
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/25/2002

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:

Grady O'Rear
SIGNATURE REQUIRED
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/18/02

Daytime Phone #

5408229449

CR2E040 (8/02)



EcoVillage
Institute, Inc.

EcoVillage

Institute, Inc.

1726 Shookstown Road

Frederick, MD 21702

301-662-4646

ecovil@aol.com

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

November 18, 2002

To Whom It May Concern:

Enclosed is a completed application for reinstatement and the UBR filing fee for a not-for-profit of \$61.25. Please be informed that the prior UBR notices were not received and, therefore, we were unaware of the need to file a business report.

Thank you for processing this information and reinstating EcoVillage Institute, Inc.

Sincerely,

Grady O'Rear
President