

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000002027

1. Corporation Name

RAINFOREST ALLIANCE, INCORPORATED

Principal Place of Business

Mailing Address

~~65 BLEECKER STREET  
NEW YORK NY 10012~~

~~65 BLEECKER STREET  
NEW YORK NY 10012~~

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

2. New Principal Office Address, If Applicable

665 Broadway  
Suite, Apt. #, etc.

Suite 500

City & State  
New York, NY

Zip

10012

Country

USA

3. New Mailing Office Address, If Applicable

665 Broadway  
Suite, Apt. #, etc.

Suite 500

City & State  
New York, NY

Zip

10012

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/26/1993

5. FEI Number

13-3377893

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
M	WHELAN, TENSIE	65 BLEECKER STREET	NEW YORK NY 10022
C	KATZ, DANIEL R	262 CENTRAL PARK WEST, #11C	NEW YORK NY 10024
V	KREIDER, KARIN	417 BLOOMFIELD STREET	HOBOKEN NJ 07030
S	ALBUQUERQUE, HELENA	65 BLEECKER STREET	NEW YORK NY 10012
D	SCHARLIN, PATRICIA J MS.	50 SUTTON PLACE SOUTH, APT 14-C	NEW YORK NY 10022
D	SULZBERGER, JUDITH DR	146 CENTRAL PARK WEST	NEW YORK NY 10023

8. Name and Address of Current Registered Agent

GOULDING, MICHAEL  
6605 NW 57TH WAY  
GAINESVILLE FL 32606

9. Name and Address of New Registered Agent

Name

Richard Gilbert

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

1045 92nd Street

Suite, Apt. #, Etc.

City

Bay Harbor Islands

State

FL

Zip Code

33154

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

Richard Gilbert

T.S.

REGISTERED AGENT MUST SIGN

Date

1/3/03

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:

Tensie Whelan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/9/03

Daytime Phone #

212 677-1914

CR2E040 (8/02)