

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000002832

1. Corporation Name

AFRICAN WILDLIFE FOUNDATION, INC.

Principal Place of Business

Mailing Address

1400 16TH STREET NW
SUITE 120
WASHINGTON DC 20036

1400 16TH STREET NW
SUITE 120
WASHINGTON DC 20036

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/18/1993

SP

5. FEI Number

52-0781390

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	WRIGHT, ROBERT M	1717 MASSACHUSETTS AVE NW SUITE 1400 16th St. NW. STE 120	WASHINGTON DC 20036
S	FRIEDMAN, SIEGLINDE	1400 16TH STREET, N.W., SUITE 120	WASHINGTON DC 20036
T	DIPIETRO, BARBARA MS.	1717 MASSACHUSETTS AVE, N.W. SUITE 1400 16th St. NW. STE 120	WASHINGTON DC 20036
D	BUNN, GEORGE R JR.	126 EAST 56TH STREET, TOWER 56	NEW YORK NY 10022
D	CHALLINOR, DAVID DR.	3117 HAWTHORNE STREET, N.W.	WASHINGTON DC 20008
D	NORRIS, JOHN	1325 BUCKINGHAM	BIRMINGHAM MI

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

INSKEEP, JENNIFER
12697 NEW BRITTANY BLVD.
FT. MYERS FL 33907

Name
Inskeep, Jennifer
Street Address (P.O. Box Number is Not Acceptable)
13610 Brynwood Lane, S.E.
Suite, Apt. #, Etc.
500003061025--2.
City
Fort Myers
State
FL
Zip
33907

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.

Signature of
Registered Agent

JENNIFER INSKEEP
REGISTERED AGENT MUST SIGN

Date

11/3/99

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:

REINSTATEMENT REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/4/99

Daytime Phone #

REINSTATEMENT

99

