

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 24 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000003496**

1. Corporation Name

SETAC FOUNDATION FOR ENVIRONMENTAL EDUCATION, IN C.

Principal Place of Business

Mailing Address

1010 NORTH 12TH AVE.
PENSACOLA FL 32501

1010 NORTH 12TH AVE.
PENSACOLA FL 32501

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

07/05/1994

5. FEI Number

52-1704017

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	MEHRLE, PAUL	BOX 708 N/A	GREENFIELD IN
ST	MAYER, FOSTER L	ONE SABINE ISLAND DR	GULF BREEZE FL
D	KENAGA, EUGENE DR.	1584 EAST PINE RIVER ROAD	MIDLAND MI 48640
D	PARRISH, RODNEY	1010 NORTH 12TH AVE.	PENSACOLA FL 32501
PP	BISHOP, WILLIAM	UNIVERSITY OF MISSISSIPPI N/A	UNIVERSITY MI
V	GIESY, JOHN P	MICHIGAN STATE UNIVERSITY N/A	EAST LANSING MI

8. Name and Address of Current Registered Agent

PARRISH, RODNEY
1010 NORTH 12TH AVE.
PENSACOLA FL 32501

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

Rodney Parrish
REGISTERED AGENT MUST SIGN

Date

13 OCT 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:

Rodney Parrish
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

13 OCT 03
850 469 1500

CR2E040 (7/03)