

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001184

1. Corporation Name

BIODIVERSITY INSTITUTE, INC.

Principal Place of Business

% WARREN DEDRICK
38 CANNON ROYAL DR.
KEY WEST FL 33040

Mailing Address

% WARREN DEDRICK
38 CANNON ROYAL DR.
KEY WEST FL 33040

FILED
97 MAR 10 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 96-97

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

17077 Bonita Lane W.
Sugarloaf Key, FL
33042-3617 USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

17077 Bonita Lane W.
Sugarloaf Key, FL
33042-3617 USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/13/1995

5. FEI Number

65-0564353

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSTD	JENKINS, ROBERT E	38 CANNON ROYAL DR. 17077 Bonita Lane West	KEY WEST FL 33040 Sugarloaf, FL 33042-3617
Treas/D	Wieting, Hardy	1215 Thirty First St., NW	Washington, DC 20007
Sec/D	Keith M. Carr	2908 Meadow View Rd.	Falls Church, VA 22042 500002110585-8 -03/11/97-01133-013 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

DEDRICK, WARREN
38 CANNON ROYAL DR.
KEY WEST FL 33040

9. Name and Address of New Registered Agent

Name
Jenkins, Robert E.
Street Address (P.O. Box Number is Not Acceptable)
17077 Bonita Lane West
Suite, Apt. #, Etc.
City
Sugarloaf Key
State
FL
Zip Code
33042-3617

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.

Signature of
Registered Agent

Robert E. Jenkins
REGISTERED AGENT MUST SIGN

Date 7 March 1997

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Robert E. Jenkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 March 1997
Date

305/745-7473
Daytime Phone #

CR2E040 (7/96)