

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 NOV 25 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00000007657

1. Corporation Name

FRIENDS OF TOMOKA BASIN GEOPARK, INC.

Principal Place of Business

2099 N. BEACH ST.  
ORMOND BEACH FL 32174

Mailing Address

2099 N. BEACH ST.  
ORMOND BEACH FL 32174



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

4. Date Incorporated or Qualified  
To Do Business in Florida

11/16/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 9231

5. FEI Number

50-3647066

Applied For

Not Applicable

City & State

City & State

Ormond Beach, FL

Zip

Country

Zip

Country

32174

USA

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BUSHNELL, JAY	155 PINTO LANE	ORMOND BEACH FL 32174
D	MARSH, LARRY	4009 CALUSA LANE	ORMOND BEACH FL 32174
D	NEWTON, BRYNN	PO BOX 1853	ORMOND BEACH FL 32175
D	LEFFLER, CHARLES	11 CLIFFVIEW LANE	ORMOND BEACH FL 32174
D	VOIGT, PETER	4037 ACOMA DR.	ORMOND BEACH FL 32174
D	PIATEK, BRUCE	4 WALNUT COURT	ORMOND BEACH FL 32174

8. Name and Address of Current Registered Agent

LEFFLER, CHARLES  
2099 N. BEACH ST.  
ORMOND BEACH FL 32174

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

Ormond Beach

State

FL

Zip Code

32174

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

SIGNATURE REQUIRED

Date NOV 6, 2002

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED

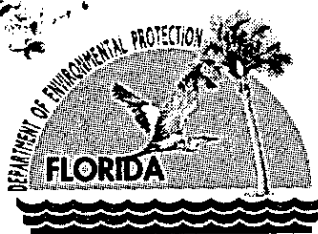
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles Leffler, president NOV 6, 2002 386 677 312

CR2E040 (8/02)



Jeb Bush  
Governor

# Department of Environmental Protection

Marjory Stoneman Douglas Building  
3900 Commonwealth Boulevard  
Tallahassee, Florida 32399-3000

David B. Struhs  
Secretary

November 22, 2002

Mr. Sean Toner  
Division of Corporations  
Florida Department of State  
409 East Gaines Street  
Tallahassee, Florida 32399

Dear Mr. Toner:

This letter is to certify to you that Friends of Tomoka Basin GEOPark, Inc., is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to F.S. 617.0122, this filing is exempt from any fee's when certified by this department.

After filing, please return certified documents to Phillip Wernkli at the above address, MS 535. If further information is needed feel free to call him at 245-3098.

Warmest regards,

Wendy Spencer, Director  
Florida State Parks

WB/pwb

Attachments