

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **N00000007751**

1. Corporation Name

**FRIENDS OF RESTORATION AND ENHANCEMENT OF VALPARAISO'S ENVIRONMENTAL RESOURCES, INC.**

Principal Place of Business

Mailing Address

CITY OF VALPARAISO  
465 CALPARAISO PKWY  
VALPARAISO FL 32580

CITY OF VALPARAISO  
465 CALPARAISO PKWY  
VALPARAISO FL 32580

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.

**465 VALPARAISO PKWY**

Suite, Apt. #, etc.

**465 VALPARAISO PKWY**

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/21/2000

5. FEI Number

59-3657218

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
PD	LIGHTFOOT, STEVE A	20 BAYSHORE POINT	VALPARAISO FL 32580
STD	CAMERON, JOHN D	267 BAYSHORE DRIVE	VALPARAISO FL 32580
D	WILSON, BRANDON	1267 BAYSHORE DRIVE	VALPARAISO FL 32580
D	<del>WILSON, ROBERT</del> WESTON, MARY	266 MISSISSIPPI AVE 264 FLORIDA AVE	VALPARAISO FL 32580
D	HOLTZ, JANE BLACKER, DOTTIE	1271 BAYSHORE DRIVE 47 HIDDEN COVE	VALPARAISO FL 32580
D	SHEPPARD, GEORGE JR.	404 DAVENPORT AVE.	VALPARAISO FL 32580

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAMERON, JOHN D  
267 S BAYSHORE DRIVE  
VALPARAISO FL 32580

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

REGISTERED AGENT MUST SIGN

Date

8 JAN 04

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 JAN 04

Date

850-586-1553

Daytime Phone #

CR2ED40 (7/03)