

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 25 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 100 000 1743

1. Corporation Name

N01000001743  
NATURE Coast EDUCATION  
N.C.E.E. EXPEDATION

REINSTATEMENT 02-04

2. Principal Office Address

9653 W. Tom mason

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CRYSTAL RIVER FL

City & State

Zip

Country

Zip

Country

34428

4. Date Incorporated or Qualified  
To Do Business in Florida

03/08/2001

5. FEI Number

92-0190364

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

CHARLES EDWARD SLIDER JR

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

9653 W TOM MASON DR

Suite, Apt. #, Etc.

City

CRYSTAL RIVER

State

FL

Zip Code

34428

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Charles E Slider Jr

Date

3/17/2004

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D-P	CHARLES E. SLIDER JR	9653 W TOM MASON DR	CRYSTAL RIVER, FL 34428
D-T	ALAN BODDEN	12040 W CHECKBERRY	CRYSTAL RIVER, FL 34428
D-S	BILL RHAN	3370 N.E. 53RD TERR	HIGH SPRINGS, FL 32655

10. 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:

Charles E Slider Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES E. SLIDER

Date

3/17/04

Daytime Phone #

C 352 257 4844

352 564 9558

CR2E081 (10/02)