

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN 28 PM 1:34

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N01000006177

1. Corporation Name

South Martin Conservation Alliance, Inc.

2. Principal Office Address

PO Box 1462

Suite, Apt. #, etc.

City & State

Jupiter, FL

Zip

33468

Country

USA

3. Mailing Office Address

PO Box 1462

Suite, Apt. #, etc.

City & State

Jupiter, FL

Zip

33468

Country

USA

**REINSTATEMENT**

02-04

200027655172

01/27/04--01019--010 \*\*\*367.50

4. Date Incorporated or Qualified  
To Do Business in Florida

8/29/01

5. FEI Number

01-0583485

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

Intrastate Registered Agent Corporation

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

701 Brickell Avenue

Suite, Apt. #, Etc.

Suite 3000

City

Miami

State

FL

Zip Code

33477

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

*John Strawbridge* VP

REGISTERED AGENT MUST SIGN

Date 1/21/04

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	Marshall Field	342 South Beach Road	Hobe Sound, FL 33455
D	John Strawbridge	122 South Beach Road	Hobe Sound, FL 33455
D	James I. Wyer	911 Navesink River Road	Locust, NJ 07760

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: John Strawbridge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(772) 546-0131

Date

Daytime Phone #

CR2E081 (10/02)