

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL 26 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
N02000000602
Alliance for Science, Health, and Environment, Inc.

2. Principal Office Address
514 Ocean Ave

Suite, Apt. #, etc.
Suite 6

City & State
Melbourne Beach, FL

Zip Country
32951 USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida 01/22/2002

5. FEI Number
470898951

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
Scott A. Herber

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

Suite, Apt. #, Etc.

City
Melbourne Beach

State Zip Code
FL 32951

900057863929
07/26/05--01003--001 **122 50

04/07/03 91046 009 5625

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

[Signature]
REGISTERED AGENT MUST SIGN

Date July 20, 05

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
PD	Lynette T. Fodor	211 Flamingo Lane	Melbourne Beach, FL. 32951
VD	Chris Petrie	2380 St. Andrews Dr.	Titusville, FL. 32780
TD	Scott A. Herber	211 Flamingo Lane	Melbourne Beach, FL. 32951
BM	Steve Reddy	14395 80th Ave	Sebastian, FL. 32957
			<i>[Signature]</i>

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 20, 05 3212664771
Date Daytime Phone #

CR2E061 (01/05)

514 Ocean Ave
Suite 6
Melbourne Beach, FL. 32951
321-266-4771

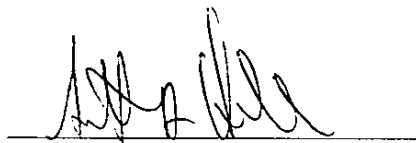
July 20, 2005

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL. 32314

To Whom It May Concern:

This letter is to formally request a waiver of the \$175.00 reinstatement fee. We had submitted the annual report but never received any requests for additional information. We were unknowingly dissolved. We would like to be reinstated and have enclosed a check for the two years we were dissolved. In the reinstatement paperwork there is a change of officers and change of address. Please contact me if you have any questions.

Respectfully,



Scott A. Herber, M.S.
Certified Ecologist, Ecological Society of America

RECEIVED
JUL 21 2005
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA