

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -9 PM 12:32

DOCUMENT # N02000005139

1. Corporation Name

Florida Conservation Alliance Institute, Inc.

2. Principal Office Address - No P.O. Box #

1215 SE 2nd St

Suite, Apt. #, etc.

Rear Apt

City & State

Ft. Lauderdale

Zip

33301

Country

USA

3. Mailing Office Address

1215 SE 2nd St

Suite, Apt. #, etc.

Rear Apt

City & State

Ft. Lauderdale

Zip

33301

Country

USA

CR2E081 (12/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

2002

5. FEI Number
331024026

☐ 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

Clay Henderson

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

200 South Orange Ave

Suite, Apt. #, Etc.

Suite 2600

City

Orlando

State

FL

Zip Code

21801

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date June 5, 2008

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	Clay Henderson	200 South Orange Ave Suite 2600	Orlando, FL 32801
d	Susan Glickman	P.O. Box 310	Indian Rocks Beach, FL 33785
d	Ilysia Shattuck	1215 SE 2nd St Rear Apt	Ft. Lauderdale, FL 33301

REINSTATEMENT

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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 contained in Chapter 119, 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:

Clay Henderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 5, 2008

Date

407-244-1103

Daytime Phone #