


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000005506

1. Entity Name
**THE SAM AND CHRISTINE TROPHIA BUTTERFLY
 RESEARCH AND EDUCATION CENTER, INC.**



FILED
 04 OCT 29 PM 2: 51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

| | |
|--|--|
| Principal Place of Business 1316 DUVAL STREET KEY WEST, FL 33040 | Mailing Address 1316 DUVAL STREET KEY WEST, FL 33040 |
|--|--|



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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

10192004 REIN-NP CR2E099 (6/04)

| | | |
|--|--|--|
| 4. FEI Number 20-0000023 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent GARMAN, GUY 4747 HOLLYWOOD BLVD. #274 HOLLYWOOD, FL 33021 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|---|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Guy Garman* (NOTE: Registered Agent signature required when reinstating)

10/17/04 DATE

| | | |
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| FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
|----------------------------|---------------------------|--|--|---|------------------------------|--|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete | | TITLE | D Keith O. Lynch, Jr | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | TROPHIA, SAM JR | | | NAME | 2437 Harris Ave | | |
| STREET ADDRESS | 1316 DUVAL STREET | | | STREET ADDRESS | Key West, FL 33040 | | |
| CITY-ST-ZIP | KEY WEST, FL 33040 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | 600042313656 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TROPHIA, SAM SR | | | NAME | 10/29/04--01051--006 **70.00 | | |
| STREET ADDRESS | 712 MASSENA AVENUE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | ROME, NY 13440 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | TROPHIA, CHRISTINE | | | NAME | Lake Andrews | | |
| STREET ADDRESS | 712 MASSENA AVENUE | | | STREET ADDRESS | 1112 Margaret St | | |
| CITY-ST-ZIP | ROME, NY 13440 | | | CITY-ST-ZIP | Key West, FL 33040 | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | | TITLE | Sandy Woods D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | FERNANDEZ, GEORGE L | | | NAME | Sandy Woods | | |
| STREET ADDRESS | 1316 DUVAL STREET | | | STREET ADDRESS | P.O. Box 1086 | | |
| CITY-ST-ZIP | KEY WEST, FL 33040 | | | CITY-ST-ZIP | Key West, FL 33040 | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | LINDLEY, CRISTINA | | | NAME | Nora Lynch | | |
| STREET ADDRESS | 2018 HARRIS AVENUE | | | STREET ADDRESS | 2437 Harris Ave | | |
| CITY-ST-ZIP | KEY WEST STREET, FL 33040 | | | CITY-ST-ZIP | Key West, FL 33040 | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WESTERLUND, MARY ANN | | | NAME | | | |
| STREET ADDRESS | 907 WASHINGTON STREET | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | KEY WEST, FL 33040 | | | CITY-ST-ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nora M. Lynch* NORA M. Lynch 10/26/04 305-296-2988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #