

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 14 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000008358

1. Corporation Name

Koreshan Conservation Area, Inc.

5405 Taylor Road

5405 Taylor Road

2. Principal Office Address

5405 Taylor Road

Suite, Apt. #, etc.

Unit 4

City & State

Naples, Florida

Zip

34109

Country

USA

3. Mailing Office Address

5405 Taylor Road

Suite, Apt. #, etc.

Unit 4

City & State

Naples, Florida

Zip

34109

Country

USA

REINSTATEMENT 2004

4. Date Incorporated or Qualified

To Do Business in Florida October 30, 2002

5. FEI Number

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

Thomas B. Garlick, Esq.

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

5551 Ridgewood Drive

Suite, Apt. #, Etc.

Suite 101

City

Naples

State

FL

Zip Code

34108

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

Thomas B. Garlick
REGISTERED AGENT MUST SIGN

Date October 13, 2004

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
P	Paula J. Davis	5405 Taylor Road, Unit 4	Naples, Florida 34109

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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 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:

Paula J. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/04

Date

239-593-5470

Daytime Phone #

CP2E081 (01/04)