

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 APR 16 AM 9:19

DOCUMENT # N02000008358

1. Corporation Name

Koreshan Conservation Area, Inc.

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

200 W Forsyth St

Suite, Apt. #, etc.

Ste 1300

City & State

Jacksonville, FL

Zip

3220243149

Country

Duval

3. Mailing Office Address

200 W Forsyth St

Suite, Apt. #, etc.

Ste 1300

City & State

Jacksonville, FL

Zip

3220243149

Country

Duval

700246354957  
04-02-13 01035 006 \$603.75  
CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

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

David John Edwards, Esq.

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

200 W Forsyth St

Suite, Apt. #, Etc.

Ste 1300

City

Jacksonville

State

FL

Zip Code

3220243149

APR 18 2013

T. CAULEY

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 3/20/13

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
Director	Barri Tulgetske	2001 S.E. 10th Street	Bentonville, AR 72716-5525
Director	Karen J. Benson	2001 S.E. 10th Street	Bentonville, AR 72716-5525
Director	Richard J. Bellavance, Jr.	70 Gladys Drive	North Kingstown, Rhode Island 02852
Director	Barry Frey	10951 Bonita Beach Road	Bonita Springs, FL 34135

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T. CAULEY

10. E-mail Address: Karen.Benson@wal-mart.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Karen Benson

3/5/13

Date

479.273.4065

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR