

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY -8 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000074278260

05/09/06--01050--032 **297.50

CR2E081 (12/05)

DOCUMENT # *N0300000516.3*

1. Corporation Name

Florida Keys Marine Mammal Rescue Team
INC.

2. Principal Office Address

150 Sea Lane

3. Mailing Office Address

150 Sea Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key West, Florida 33040

City & State

Key West, Florida 33040

Zip

33040

Country

Zip

33040

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/13/03

5. FEIN Number

16-1676791

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

CHARLES WEITZEL

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

150 Sea Lane

000074278260

Suite, Apt. #, Etc.

07/12/04--90024--005 **\$1.25

City

Key West, Florida

State

FL

Zip Code

33040

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

Charles Weitzel

Date *4/26/06*

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
	Rebecca Arnold, President	461 SE Thanksgiving Dr.	Port St. Lucie, FL 34984
	Denise Jackson, Vice President	620 Ashe St.	Key West, Florida 33040
	Charles L. Weitzel, Treasurer	150 Sea Lane	Key West, Florida 33040

REINSTATEMENT *04-06*

T Lewis

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:

Charles Weitzel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06
Date

305 304-4217
Daytime Phone #