

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000005163

FILED  
Mar 10, 2009  
Secretary of State

**Entity Name:** FLORIDA KEYS MARINE MAMMAL RESCUE TEAM INC.

**Current Principal Place of Business:**

150 SEA LANE  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

150 SEA LANE  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** 16-1676791      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WEITZEL, CHARLES  
150 SEA LANE  
KEY WEST, FL 33040      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: CHARLES WEITZEL

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: ARNOLD, REBECCA  
Address: 461 SE THANKSGIVING DR  
City-St-Zip: PORT ST LUCIE, FL 34984

Title: VP      ( ) Delete  
Name: JACKSON, DENISE  
Address: 620 ASHE ST  
City-St-Zip: KEY WEST, FL 33040

Title: T      ( ) Delete  
Name: WEITZEL, CHARLES  
Address: 150 SEA LANE  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE JACKSON

VP

03/10/2009

Electronic Signature of Signing Officer or Director

Date