

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N03000005163

**FILED**  
**Apr 27, 2011**  
**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 ( )**

**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:** CHUCK WEITZEL

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** DENIESE JACKSON

PRES

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date