PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **N10952**

1. Corporation Name

KISSIMMEE VALLEY AUDUBON SOCIETY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 115 KISSIMMEE FL 34742-0115	P.O. BOX 115 KISSIMMEE FL 34742-0115

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 01

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
P.O. Box 420115	P.O. Box 420115
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Kissimmee, Florida	Kissimmee, Florida
Zip: 34742-0115 Country: U.S.A.	Zip: 34742-0115 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 09/03/1985 SP

5. FEI Number: 59-2290608 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
S	LEVREAULT, RITA	2710 DOWNING DRIVE	KISSIMMEE FL 34758
PD	MOSS, NORMAN	P.O. Box 593436	Orlando, FL 32859-3436
TD	Gendall, George	2207 Eagles Landing Way	Kissimmee, FL 34744
V	PRITT, STEVE	P.O. BOX 420043 N/A	KISSIMMEE FL 34742
V	Graham, Gary	601 Dakota Avenue	St. Cloud, FL 34769
D	MALATESTA, ALAN	1170 S GOODMAN RD	DAVENPORT FL 33837

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CLARK, RUTH 703 DUFFER LN. POINCIANA FL 34759	Name: Norman S. Moss Street Address (P.O. Box Number is Not Acceptable): 4781 S. Orange Avenue Suite, Apt. #, Etc.: City: Orlando State: FL Zip Code: 32806

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Norman S. Moss Date: 10/19/01
REGISTERED AGENT MUST SIGN

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., 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: SIGNATURE REQUIRED Norman S. Moss 10/19/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #