

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**DOCUMENT #** N16748

**1. Corporation Name**

Exotic Bird Club of Florida

**2. Principal Office Address**

1275 Culver Rd

**3. Mailing Office Address**

PO Box 1177

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Bay, FL

City & State

Melbourne, FL

Zip

Country

32907

USA

Zip

Country

32902

USA

800004481308--9

-07/17/01--01089--003

\*\*\*\*490.00 \*\*\*\*490.00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

09/11/1986

**5. FEI Number**

59-2873753

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

Barbara M. Ward

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

495 Breakwater Street Se

Suite, Apt. #, Etc.

City

Palm Bay

State

FL

Zip Code

32909

**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

*Barbara M Ward*

Barbara M ward

Date 5/19/01

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
P	Wendy Casino	1705 Monterey Dr #105	Palm Bay, FL 32905
V	Patricia Weeks	34 Corriente Street	Merritt Island, FL 32952
S	Yvonne Weir	570 E Merrimac Drive	Merritt Island, FL 32952
T	Barbara M. Ward	495 Breakwater St SE	Palm Bay, FL 32909
D	Virginia Heptig	240 Ninth Terrace	Indialantic, FL 32903
D	Barbara Wise	2247 September Street	Melbourne, FL 32935

**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 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:**

*Barbara M Ward* Treasurer

Barbara M ward

5/19/01

321-729-0991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)