

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

AND  
FILED

96 OCT 30 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N-18018 (14)

1. Corporation Name **SAVE THE FLORIDA PANTHER, INC.**

Principal Place of Business

Mailing Address

2119 1st Street South  
St. Petersburg FL 33705

SAME

**REINSTATEMENT 96**

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

2. New Principal Office Address, If Applicable

AS ABOVE

3. New Mailing Address, If Applicable

AS ABOVE

4. Date Incorporated or Qualified  
To Do Business in Florida

12/01/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2776005

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☒

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Peter B. Gallagher	1224 14th Ave N. St. Petersburg FL 33705	St. Petersburg FL 33705
T/D	Dan McDonald	285 Pelican Drive	Nelbourne Bch FL 32951
D	Charles Cook	422 O'Linda Court	Lakeland FL 33805

800002000168--3  
-11/08/96-01031-014  
#245.00 #6219400

8. Name and Address of Current Registered Agent

Swope, Dale, N. P.A  
777 South Harbor Blvd  
Tampa FL 33602

9. Name and Address of New Registered Agent

Name **PAVELA J. GREEN**  
Street Address (P.O. Box Number is Not Acceptable)  
2119 1st St. So.  
Suite, Apt. #, Etc.  
City **St. Petersburg** State **FL** Zip Code **33705**

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

*Pam Green*

REGISTERED AGENT MUST SIGN

Date

10/28/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the recorder 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., and that all fees owed by the corporation have been paid. 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:

*Peter B. Gallagher*  
**PETER B. GALLAGHER**

**PRESIDENT** 10/28/96

Date

813-822 7999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #