PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT			DEPARTMENT OF STATE Secretary of State ISION OF CORPORATIONS			FILED 06 AUG -4 PM 1: 05 SECRETARY OF STATE	
DOCUMENT # N29050					Ü	AELAHASSEE, FLORIDA	ł
THE GREATER BRANDON AVIAN SOCIETY, INC.							
			Office Address ER BRANDON AVIAN SOCIETY, INC		Tiple 5	CR2E081-(12/05)	18-06
Suite Apt. 1212 E. Shell Pt. Rd. Suite, Apt. 1735			etc. Council Dr.		4. Date Incorporated or Qualified To Do Business in Florida 11/09/1995		
Ruski	Sun Ci	ty & State Bun City Center			9228	Applied For Not Applicable	
33570	D ÜSA	^{Zlp} 33573		ŰŠÄ	6. CERTIFICATE		itional Fee required rtificate of Status
	Name,		ame and A	ddress of Current Register	red Agent		
Robert E. Woollard Jr. Street Address (R.9. Box Number in Not Acceptable) T23 St. Martins Way Suite, Apt. #, Etc.				5.0 09/15		0007872786 /06-01033-004 **	5 725. 00
	Apollo Beach					State 33572	
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 Date B-2-06 REGISTERED AGENT MUST SIGN							
9. Names	and Street Addresses of Each Officer a	nd/or Director (Flor	rida nonpro	fit corporations must list at le	east 3 directors)		
Titles	Name of Officers and/or Director	s		Street Address of Each Officer and/or Directo	5 67	S City / State / Zip	
Р	Robert E. Woollard Jr. 123 St. Martins			St. Martins Wa	ay [Apollo Beach, Fl	33572
٧	Vickie Howle		10010 Riverview Dr.		Riverview, FL 3	3569	
Т	Kathy Bloomer		728 - 44th Ave. E.		Ellenton, FL 342	222	
S	Verdell J. Woollard		123 St. Martins Way		Apollo Beach, Fl	33572	
D	Lillian Warren		1735 Council Dr.		Sun City Center, I	L 33573	
D	Gloria Schroeck	1515 Del Webb Blvd. W.		Sun City Center, F	L 33573		
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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DISECTOR Date Dayline Phone #							

, Na	· · · · · · · · · · · · · · · · · · ·		
, . . .			
<u>Titles</u>	Name of Officers Officers and / or Directors	Street Address of Each Officer and / or Director	City / State / Zip
<u>D</u>	Debbie Goetschi	9928 Alavista Dr.	Gibsonton, FL 33534
D	John Scarfordi	1515 Del Webb Blyd. W.	Sun City Center, FL 33573