

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

1997 APR -1 PM 4: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR *reinstatement*
REINSTATEMENT



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

DOCUMENT # **N36099**

1. Corporation Name

GAINESVILLE HERPETOLOGICAL SOCIETY, INC.

Principal Place of Business

970 PAUL MOLER
7818 HWY 346
ARCHER FL 32618
US

Mailing Address

P.O. BOX 140353
RT 1 BOX 321A
GAINESVILLE FL 32614-0353
US



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

2. New Principal Office Address, If Applicable

BENNIE J. GREISHAW
Suite, Apt. #, etc.
15914 SW 75TH ST.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

ARCHER, FL

City & State

Zip

32618

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/12/1990

5. FEI Number

59-3055002

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)

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
1	2	3	4
PD	BRANT, WILLIAM E	6115 S.W. 137 AVE.	ARCHER FL
SD	PEARSON, DAN	3230 SW 67 ST	GAINESVILLE FL
VD	COPE, BILL	P O BOX 58 N/A	MCINTOSH FL
TD	MOLER, PAUL E	7818 HWY 346	ARCHER FL

REINSTATEMENT

8. Name and Address of Current Registered Agent

MOLER, PAUL E
7818 HWY. 346
ARCHER FL 32618

9. Name and Address of New Registered Agent

Name **BENNIE J. GREISHAW**
Street Address (P.O. Box Number is Not Acceptable)
15914 SW 75TH ST.
Suite, Apt. #, Etc.
City **ARCHER** State **FL** Zip Code **32618**

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

Bennie J. Greishaw
REGISTERED AGENT MUST SIGN

Date **3/29/97**

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 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:

William E. Brant

WILLIAM E. BRANT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97 **(352)**
495-9024
Date Daytime Phone #