

# 2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N36369

FILED  
Aug 29, 2011  
Secretary of State

**Entity Name:** COUNCIL FOR SUSTAINABLE FLORIDA, INC.

**Current Principal Place of Business:**

1415 EAST PIEDMONT DRIVE  
SUITE 1  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

1218 CAMELLIA DRIVE  
TALLAHASSEE, FL 32301 US

**Current Mailing Address:**

1415 EAST PIEDMONT DRIVE  
SUITE 1  
TALLAHASSEE, FL 32308 US

**New Mailing Address:**

1218 CAMELLIA DRIVE  
TALLAHASSEE, FL 32301 US

**FEI Number:** 59-2989880

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PETREY, RODERICK N  
150 SE 2ND AVENUE  
SUITE 709  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

CENTER, TIM  
1218 CAMELLIA DRIVE  
TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TIM CENTER

08/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CD  
Name: KILSHEIMER, JOE  
Address: 2377 HOME AGAIN ROAD  
City-St-Zip: APOPKA, FL 32712 US

Title: VCD  
Name: BELL, MIKE  
Address: 1901 ISLAND WALKWAY  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: SD  
Name: CEPERO, MONICA  
Address: 115 SOUTH ANDREWS AVENUE, ROOM 409  
City-St-Zip: FT. LAUDERDALE, FL 33301 US

Title: TD  
Name: BEN, PARKS  
Address: 315 SOUTH CALHOUN STREET, SUITE 850  
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D  
Name: OLSON, IAN  
Address: 1000 DARDEN CENTER DRIVE  
City-St-Zip: ORLANDO, FL 32837 US

Title: D  
Name: BRISTER, TAMMY  
Address: P.O. BOX 10000  
City-St-Zip: LAKE BUENA VISTA, FL 32830

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOE KILSHEIMER

CD

08/29/2011

Electronic Signature of Signing Officer or Director

Date