

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAY 10 AM 8:00

**DOCUMENT # N36889**

**1. Corporation Name**

Florida Marine Mammal Stranding Network-Southwest Region, Inc.

**2. Principal Office Address**

1210 SE 21st Street

**3. Mailing Office Address**

P.O. Box 6787

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

Cape Coral, FL

**City & State**

Fort Myers, FL

**Zip**

33990

**Country**

USA

**Zip**

33911

**Country**

USA

**REINSTATEMENT**

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

3/02/1990

**5. FEI Number**

N/A

**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**

Mindell M. Peterson

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

1210 SE 21st Street

Suite, Apt. #, Etc.

**City**

Cape Coral

**State**

FL

**Zip Code**

33990

**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

*Mindell M. Peterson*

REGISTERED AGENT MUST SIGN

Date 4/26/2004

**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
PD	Mindy Peterson	1210 SE 21st Street	Cape Coral, FL 33990
VD	Karen Wilson	3725 Winkler Ave. Ext., Apt. 1317	Fort Myers, FL 33916
TD	Jason Seitz	2063 River Reach Dr., Apt. 389	Naples, FL 34104
S	Crystal Lenky	1481-G Market Cir., Unit 7	Port Charlotte, FL 33953
D	Bob Wasno	3406 Palm Beach Blvd.	Fort Myers, FL 33916
D	Tomma Barnes	2301 McGregor Blvd.	Fort Myers, FL 33901

**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:**

*Karen M. Wilson* Karen M. Wilson

4/26/2004

239/340-9209

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)