PLEASE READ ALL INS I	HUCHUNS BEFORE	OMPLE III	NG THIS FOHM.
FOR	A DEPARTMENT OF STATE Katherine Harris Secretary of State VISION OF CORPORATIONS		FILED
DOCUMENT # N3815	2		99 DEC -8 Pii 5: 33
Florida Environmental Assessor	s Association, Inc	g.	SECTION OF STATE TAULY OF THE PROPRIETA
Principal Place of Business Mailing Addre		H	
	nformation and enter correction below. ng Office Address, If Applicable	REINS 4. Date Incorpo	TATEMENT 96-99
608 Metropolitan Circle P.O. Suite, Apt. #.	Box 38070	05/10	ess in Florida 5 / 9 0
City & State City & State		5. FEI Number 65 - 02	Applied For Not Applicable
· /	hasse Fl	6.	\$8.75 Additional Fee required
32308 USA 3231	5 USA	<u> </u>	OF STATUS DESIRED La for a Certificate of Streas
7. Names and Street Addresses of Each Officer and/or Director (Flo Name of Officers	rida nonprofit corporations must list at le Street Address of Eac		
Title(s) and/or Directors	Officer and/or Directo 3 (Do NOT Use Post Office Box	r I	City / State / Zip
P, D Stephen Hilfiker	4131 5th Avenue	SW	Naples, Fl. 34119
V, D Tom Houston	3900 Commonwealth	h Blvd.	Tallahassee, Fl.32399
S, D Darren Stowe	5405 Cypress Cent Suite 200	er Drive	Tampa, Fl. 33609
T, D Robert Stephens	14409 N. Nebrask Suite A	a Avenue	Tampa, Fl. 33613
		30	
			****420.00 ****420.00
8. Name and Address of Current Registered Age		9. Name and A	ddress of New Registered Agent
	Name Eugene B. Jones		
Street Address (P.4 1608 Met		P.O. Box Number is Not Acceptable) cropolitan Circle	
	Suite, Apt. #, Etc B	D	
	City		State Zip Code
10. I, being appointed the registered agent of the above named corporate	Tallaha oration, am familiar with and accept the o	SSBB obligations of Section	
Signature of Registered Agent REGISTERED AG	GENT MUST SIGN		Date 11/24/95
11. This corporation owes the current y Intangible Personal Property Tax du	/ear ue June 30. 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 er this reinstatement application, the reason for dissolution has been owed by the corporation have been paid and the names of individ on this application is true and accurate, and my signature shall had	n eliminated, the corporate name satisfier duals listed on this form do not qualify fo	s the requirements r an exemption und	of section 607.0401 or 617.0401, F.S., that all fees
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNOSFICER OR DIRECTOR	.	Date Daytime Phone #