

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUN 19 PM 5:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

138933

1. Corporation Name

ENVIRONMENTAL EDUCATION RESOURCE
COUNCIL OF NORTHEAST FLORIDA, INC

2. Principal Office Address

233 MARINE CENTER DR.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

City & State

SAME

Zip

32080

Country

USA

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

26-08-136962-59C

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BEVERLY J. FLEMING

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

490 Deerfield Road

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32095

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

X Beverly J. Fleming

REGISTERED AGENT MUST SIGN

Date 6-7-01

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
P/D	Beverly J. Fleming	490 Deerfield Rd.	St. Augustine, FL 32095
V/D	Sarah Bailey	2202 Bishop Estates Rd.	St. Augustine, FL 32095
T/D	Toni Stay	2191 Toroi Terrace	St. Augustine, FL 32092

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)(f), 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:

X Beverly J. Fleming

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-7-01

Date

904824-4423

Daytime Phone #

CR2001 (2/00)