

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS


08 MAY 29 PM 4:32

REINSTATEMENT

75-08

800129194548  
05/13/08--01010--017 \*\*1033.00  
CR2E081 (12/07)

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N41554

1. Corporation Name

Jacksonville Herpetological Society, Inc.

W08-25020

2. Principal Office Address - No P.O. Box #

1025 Museum Circle

Suite, Apt. #, etc.

3. Mailing Office Address

Po Box 37336

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32207

Country

USA

Zip

32236

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01-07-1991

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

Elizabeth Shumaker

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

1041 Busac Ave

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32205

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Elizabeth Shumaker

REGISTERED AGENT MUST SIGN

Date 5 May 08

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
President	<u>Robert Shumaker</u>	<u>1041 Busac Ave</u>	<u>Jacksonville, FL 32205</u>
V. Pres.	<u>Leslie Henderson</u>	<u>8001 Floral Ridge Circle</u>	<u>Keystone Heights, FL 32654</u>
Sergeant at Arms	<u>James Sapp</u>	<u>1041 Busac Ave</u>	<u>Jacksonville, FL 32205</u>
Secretary	<u>Joel Pope</u>	<u>2778 Post St.</u>	<u>Jacksonville, FL 32205</u>
Member at Large	<u>Adrian Rust</u>	<u>1320 Lakewood Rd</u>	<u>Jacksonville, FL 32207</u>
Member at Large	<u>Ken Harris</u>	<u>7123 Oakney Rd.</u>	<u>Jacksonville, FL 32211</u>

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth Shumaker

5 May 08

Date

904-703-0249

Daytime Phone #

5/30/08

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Treasurer - Elizabeth Shumaker - 1041 Busse Ave Jacksonville, FL 32205