

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N42159**

1. Corporation Name

**TAMPA BAY HERPETOLOGICAL SOCIETY, INC.**

Principal Place of Business

Mailing Address

~~P.O. BOX 8556~~  
TAMPA FL 33674-8556

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TAMPA FL 33674-8556

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~P.O. Box 9124~~  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~P.O. Box 9124~~  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**02/20/1991**

5. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DS	<del>FIGUEROA</del> LYNN Howell	4830 BURLINGTON AVE N. 207 LOUISE ST	ST. PETERSBURG FL Brandon FL 33510
DV	<del>TRESCOTT, JR, EUGENE</del> Leslie Williams	P.O. BOX 1477 7631 Conrad St.	INVERNESS FL 34451 Wesley Chapel, FL 33544
DP	<del>RICHARD S. FUNK M.A. D.V.M.</del> LYNN Marshall	P.O. BOX 2738 N/A 9160 Lakeview Ave So	BRANDON FL 33509 St Pete, FL 33705
DT	<del>PIKE, LINDSAY D</del> NANCY Marshall	207 LOUISE STREET 9160 Lakeview Ave So	BRANDON FL 33510 St Pete, FL 33705

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8. Name and Address of Current Registered Agent

~~PIKE, LINDSAY~~  
207 LOUISE ST.  
BRANDON FL 33510

9. Name and Address of New Registered Agent

Name  
Nancy Marshall  
Street Address (P.O. Box Number is Not Acceptable)  
9160 Lakeview Ave So  
Suite, Apt. #, Etc.

City St Pete

State FL Zip Code 33705

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent Nancy L. Marshall  
REGISTERED AGENT MUST SIGN

Date 2/20/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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 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:

Nancy L. Marshall NANCY L. Marshall

2/20/97  
Date

4160-2644  
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CPRE040 (7/96)