

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **N43775**

1. Corporation Name

**FRIENDS OF THE GREEN SWAMP STATE TRAIL, INC.**

Principal Place of Business

Mailing Address

**12549 STATE PARK DRIVE  
CLERMONT FL 34711**

**12549 STATE PARK DRIVE  
CLERMONT FL 34711**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**06/10/1991**

5. FEI Number

**59-3070338**

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 3	City / State / Zip 4
D	STROUD, WILLIAM M	P.O. BOX 211 N/A	KATHLEEN FL 33849
<del>DE</del> D	RUMRILL, LYNDA E	6840 FLANDERS STATION DR	POLK CITY FL 33868
<del>DT</del> DT	VIGNATI, FRANCESCO	4891 ANGUS ROAD	POLK CITY FL 33868
<del>DT</del> DT	SINGHOD, RICHARD	<del>2017 STATE ROAD 655</del>	<del>AUBURNDALE FL 33829</del>
DV	RUMRILL, TOM	6840 FLANDERS STATION DRIVE	POLK CITY FL 33868
DP	PUSCH, GEORGE	111 BIGNONIA AVE.	POLK CITY FL 33868

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**RUMRILL, THOMAS  
12549 STATE PARK DRIVE  
CLERMONT FL 34741-1**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

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

*Thomas Rumrill*  
**REGISTERED AGENT MUST SIGN**

Date **11/7/01**

11. 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:

*George T Pusch*  
**George T Pusch**  
Date **11/2/01** Daytime Phone # **863-9843225**



Jeb Bush  
Governor

## Department of Environmental Protection

Marjory Stoneman Douglas Building  
3900 Commonwealth Boulevard  
Tallahassee, Florida 32399-3000

David B. Struhs  
Secretary

November 21, 2001

Ms. Cathy Stauffer  
Division of Corporations  
Florida Department of State  
Post Office Box 6327  
Tallahassee, Florida 32314

Dear Ms. Stauffer:

This letter is to certify to you that Friends of The Green Swamp State Trail, Inc., is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to F.S. 617.0122, this filing is exempt from any fee's when certified by this department.

After filing, please return certified documents to Phillip Werndli at the above address, MS 535. If further information is needed feel free to call him at 488-8243.

Warmest regards,

Wendy Spencer, Director  
Florida State Parks

WB/pwb

Attachments