

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 13 AM 11:28

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N48489*

1. Corporation Name
Volunteer Scientific Research Team, Inc.

000039124900
07/14/04--01043--011 **245.00

REINSTATEMENT 01-04

2. Principal Office Address <i>17121 Primavera Cir</i> Suite, Apt. #, etc.		3. Mailing Office Address <i>17121 Primavera Cir.</i> Suite, Apt. #, etc.	
City & State <i>Cape Coral FL</i>		City & State <i>Cape Coral, FLA</i>	
Zip <i>33909</i>	Country <i>USA</i>	Zip <i>33909</i>	Country <i>USA</i>

4. Date Incorporated or Qualified To Do Business in Florida <i>July 7, 1992</i>	
5. FEI Number <i>65-0338294</i>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name <i>Susan Hassett</i>			
Street Address (P.O. Box Number is Not Acceptable) <i>17121 Primavera Cir</i>			
Suite, Apt. #, Etc.			
City <i>Cape Coral</i>	State FL	Zip Code <i>33909</i>	

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 *Susan Hassett* Date *7-10-04*

REGISTERED AGENT MUST SIGN

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
Pres.	<i>Vic Fredlund</i>	<i>14320 Bristol Bay Place #202</i>	<i>Ft. Myers FL 33912</i>
Sec.	<i>Teri Heath</i>	<i>1814 Rhonda St.</i>	<i>Fort Myers, FL 33901</i>
Treas	<i>Lorraine Heist</i>	<i>17568 Braddock Rd</i>	<i>Fort Myers FL 33912</i>
V-Pres	<i>Susan Hassett</i>	<i>17121 Primavera Cir</i>	<i>Cape Coral, FL 33909</i>

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)(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: *Lorraine Heist* Date *7-12-04* Daytime Phone # *239 489-1600*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)