

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR 94-98  
REINSTATEMENT



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

APPROVED  
AND  
FILED

98 MAR -2 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NS00003

1. Corporation Name

Everglades Restoration Movement Inc.

W98000003517

Principal Place of Business

Mailing Address

Pompano, FL

2215 NW 30 PL.  
Pompano, FL 33069

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

2. New Principal Office Address, If Applicable

none

3. New Mailing Office Address, If Applicable

none

4. Date Incorporated or Qualified  
To Do Business in Florida

Jan 12, 1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0355074

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Ella Bartholomew 2230 SW 13th Street Ft. Lauderdale, FL 33312	2215 NW 30 PL.	Pompano, FL 33069
D	Brian Fiske 6523 Brandywine Dr. S. Margate, FL 33063	"	400002447414-6 -03/04/98--01110--008 ****498.75 ****498.75
D	Charles J. Kropke 555 Jefferson Dr., Unit 103 Deerfield Beach, FL 33442	"	"

REINSTATEMENT 94-98

8. Name and Address of Current Registered Agent

Chris Murch President  
2215 NW 30 PL.  
Pompano, FL 33069

9. Name and Address of Registered Agent

Name: A. Alan  
Street Address (P.O. Box Number is Not Acceptable): 3/2/98  
Suite, Apt. #, Etc.:  
City: State: FL Zip Code:

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

Chris Murch President  
REGISTERED AGENT MUST SIGN

Date 2/13/98

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.

Chris Murch

SIGNATURE:

Chris Murch President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/97  
Date

1-954 979 1300  
Daytime Phone #

CR2040 (12/96)