

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JUN -4 PM 12: 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N50263

1. Corporation Name

Everglades Restoration Movement Inc. REINSTATEMENT

05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #  
11321 NW 40 St.

3. Mailing Office Address  
11321 NW 40 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Coral Springs, FL

City & State  
Coral Springs, FL

Zip  
33065

Country  
US

Zip  
33065

Country  
US

4. Date Incorporated or Qualified  
To Do Business in Florida

10/1994

5. FE Number  
650355074

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  
Christopher Murch

Street Address (P.O. Box Number is Not Acceptable)  
11321 NW 40 St.

Suite, Apt. #, Etc.

City  
Coral Springs

State  
FL

Zip Code  
33065

☒ 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

*Christopher Murch*  
REGISTERED AGENT MUST SIGN

Date

5/29/07

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
D	Christopher Murch	11321 NW 40 St.	Coral Springs, FL 33065
D	Louis Garcy	30 SE 5th St. #108	Dania Beach, FL 33004
D	Lisette Perez	4344 NW 9th Av. #93E	Pompano Beach, FL 33064

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05/04/07--01042--013 \*\*183.75

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.

(Cell) 954-793-

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Christopher Murch*  
Christopher Murch

Date

5/29/07

Daytime Phone #

6427