PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 JAN -3 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Deposit - 11/21/02

01089 010 $175.-

DOCUMENT # N93000003179

1. Corporation Name

West Florida Wilderness Institute, Inc.

2. Principal Office Address		**3.** Mailing Office Address	
1912 Old Mt. Zion Rd.		Associated Marine Institutes	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		5915 Benjamin Center Drive	
City & State		City & State	
Ponce De Leon, FL		Tampa, FL	
Zip	Country	Zip	Country
32455	USA	33634	USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3191292 ☐ 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: David J. Hull

Street Address (P.O. Box Number is Not Acceptable): Smith, Hulsey & Busey

800003564436
12/17/02--01082--001 **61.25

Suite, Apt. #, Etc.: 225 Water Street, Suite 1800

City: Jacksonville | State: FL | Zip Code: 32202

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: David J. Hull — Date: 11/18/02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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, Pres.	Robert S. Weaver	5915 Benjamin Center Drive	Tampa, FL 33634
D, VP	O.B. Stander	5915 Benjamin Center Drive	Tampa, FL 33634
D, Sec/Tre	Natalie Mann	5915 Benjamin Center Drive	Tampa, FL 33634

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: O.B. Stander — 11/14/02 — (813) 887-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 1/7