

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

**FILED**

96 DEC -6 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 09300000 3705

1. Corporation Name

The Florida Biodiversity Project, Inc.

Principal Place of Business

Mailing Address

**REINSTATEMENT**

1996

mnb

12/6/96

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

8791 CORKSCREW Rd

3. New Mailing Address, If Applicable

PO BOX 116

4. Date Incorporated or Qualified To Do Business in Florida

AUGUST 16, 1993

Suite, Apt. #, etc.

5. FEI Number

65-0441277

Applied For

Not Applicable

City & State

ESTERO FL

City & State

ESTERO FL

Zip

33928 USA

Zip

33928 USA

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
PRES.	Robert Brownley	7097 65 <sup>th</sup> ST. N.	PINELLAS PARK FL 34665
SECY	BRIAN SCHERF	1060 TYLER ST.	HOLLYWOOD FL 33019
D	BRIAN HUNT	8791 CORKSCREW Rd	ESTERO FL 33928
D	LINDY MCCULLOM	7097 65 <sup>th</sup> ST. N.	PINELLAS PARK FL 34665
D	ROSALYN SCHERF	1060 TYLER ST	HOLLYWOOD FL 33019
D	LAMRA/ ANN SHIVER	224 NE 47 ST.	POMPADOR BLVD, FL 33064

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
Robert Brownley  
Street Address (P.O. Box Number is Not Acceptable)  
7097 65<sup>th</sup> ST. N.  
Suite, Apt. #, Etc.

City  
PINELLAS PARK  
State  
FL  
Zip Code  
34665

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

*Robert Brownley*  
REGISTERED AGENT MUST SIGN

700002034597--6  
Date 12/10/96 01084-007  
\*\*\*\*\*236.25 \*\*\*\*\*236.25

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Brian Hunt* BRIAN HUNT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-96 944-992-0540  
Date Daytime Phone #

CR2040 (12/95)