

2004

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 19 PM 6:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004436

1. Corporation Name

North American Snake Institute, Inc.

3302 King Charles Circle
3302 King Charles Circle

2. Principal Office Address

3302 King Charles Circle

3. Mailing Office Address

3302 King Charles Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Seffner, FL

City & State

Seffner, FL

Zip

33584-6114

Country

Hillsborough/USA

Zip

33584-6114

Country

Hillsborough/USA

4. Date Incorporated or Qualified

To Do Business in Florida July 2003

5. FEI Number

59-3214570

☒ 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

Yvonne D. Hoffman

Street Address (P.O. Box Number is Not Acceptable)

3302 King Charles Circle

Suite, Apt. #, Etc.

City

Seffner

State

FL

Zip Code

33584-6114

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

Yvonne D. Hoffman
REGISTERED AGENT MUST SIGN

Date

July 14, 2004

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
P	John V. Rossi, DMV	2641 Park Street	Jacksonville, FL 32204
VP	Joseph A. Bulter, Ph.D.	4567 St. Johns Bluff Road, South	Jacksonville, FL 32224-2645
D/T	Yvonne D. Hoffman	3302 King Charles Circle	Seffner, FL 33584-6114

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:

Yvonne D. Hoffman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 14, 2004

813-685-8734

Date

Daytime Phone #

CR2E081 (01/04)