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
98 NOV 23 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004486

1. Corporation Name

CENTER FOR ORANGUTAN AND CHIMPANZEE CONSERVATION, INC.

Principal Place of Business	Mailing Address
~~11000 SW 57TH AVENUE~~ ~~MIAMI FL 33156~~ US	~~8106 SW 81ST COURT~~ ~~MIAMI FL 33143~~ US

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

REINSTATEMENT 98

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1018 MAUDE ROAD	P.O. BOX 488
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WAUCHULA, FL	City & State: WAUCHULA, FL
Zip: 33873 Country: U.S.A.	Zip: 33873 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 09/29/1993

5. FEI Number: 65-0444725 ☐ Applied For ☐ Not Applicable

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	BARTHET, PATRICK	200 S BISCAYNE BLVD, #2120	MIAMI FL 33131
DS	CARMICHAEL, KEVIN	2121 BRICKELL AVE, 19TH FL	MIAMI FL 33131
DP	RAGAN, PATRICIA	~~8106 SW 81ST CT~~ 1018 MAUDE ROAD	~~MIAMI FL~~ WAUCHULA, FL 33873
D	KELLY, PAT	733 ALLENDALE ROAD	KEY BISCAYNE, FL 33149
			800002700126--6 -12/02/98--01036--019 ****245.00 ****245.00

8. Name and Address of Current Registered Agent

RAGAN, PATRICIA
~~8106 SW 81ST CT~~
~~MIAMI FL 33143~~

9. Name and Address of New Registered Agent

Name: PATRICIA RAGAN
Street Address (P.O. Box Number is Not Acceptable): 1018 MAUDE ROAD
Suite, Apt. #, Etc.:
City: WAUCHULA State: FL Zip Code: 33873

CR2E040 (9/98)

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: SIGNATURE REQUIRED Date: 11-12-98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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.

SIGNATURE: SIGNATURE REQUIRED PATRICIA RAGAN 11-12-98 941-767-2088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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