

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JUN -7 AM 7:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N 94000000228

1. Corporation Name

PALEONTOLOGICAL EDUCATION RESERVE INC.

2. Principal Office Address - No P.O. Box #

4140 24<sup>th</sup> ST. S.E. P.O. BOX 1075

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

RUSKIN, FL

City & State

RUSKIN, FL

Zip

33570

Country

USA

Zip

33575

Country

USA

REINSTATEMENT 00-07

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

01/07/1994

5. FEI Number

593227773

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

FRED A. HENDERSHOT

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

11316 LEPRECHAUN DRIVE

Suite, Apt. #, Etc.

City

RIVERVIEW

State

FL

Zip Code

33569

☒ 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

Fred A. Hendershot

Date 5-31-07

REGISTERED AGENT MUST SIGN

**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
PD	FRANK A. GARCIA	2626 MANATEE HARBOR DR	RUSKIN, FL 33570
VD	BARBARA W. FITE	16102 EAST LAKE BURRELL DR.	LUTZ, FL 33549
STD	FRED A. HENDERSHOT	11316 LEPRECHAUN DR.	RIVERVIEW, FL 33569

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.

SIGNATURE:

Fred A. Hendershot - FRED A. HENDERSHOT

Date

5-31-07

Daytime Phone #

813-672-3337

x.6/11