

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 APR -2 AM 10: 07

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004294

1. Corporation Name

THE ST. JOHNS COUNTY REEF RESEARCH TEAM INC

2. Principal Office Address

6904 CYPRESS LAKE CT

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

Zip

32086

Country

USA

3. Mailing Office Address

6904 CYPRESS LAKE CT.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

Zip

32086

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8-29-1994

5. FEI Number

59-3267098

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 04-07

CR2E08T (12/05)

**7. Name and Address of Current Registered Agent**

Name

GEORGE MILLER

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

6904 CYPRESS LAKE CT.

Suite, Apt. #, Etc.

City

ST. AUGUSTINE

State

FL

Zip Code

32086

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

*George Miller*  
REGISTERED AGENT MUST SIGN

Date 3-24-07

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	GEORGE MILLER	6904 CYPRESS LAKE CT.	ST. AUGUSTINE, FL 32086
D	JIM NETHERTON	9505 OCEAN SHORE BLVD	ST. AUGUSTINE, FL 32080
D	ZACKARY MILLER	6904 CYPRESS LAKE CT.	ST. AUGUSTINE, FL 32086

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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:

*George Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE MILLER

3-24-07 904-797-9963

Date

Daytime Phone #