

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

 FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # **N93000003617**
 1. Corporation Name
RESOURCE FOR THE ENVIRONMENT, INC

Principal Place of Business Mailing Address
15251 N HWY 329
REDDICK, FL 32686

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

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country
15251 N HWY 329
REDDICK, FL
32686

4. Date Incorporated or Qualified To Do Business in Florida
 5. FEI Number
59-3329412
 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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	WILLIAM H. BATCHELOR	15251 N HWY 329	REDDICK, FL 32686
D	ISABEL A BATCHELOR	15251 N HWY 329	REDDICK, FL 32686
D	WHITFIELD M PALMER III	15251 N HWY 329	REDDICK, FL 32686

8. Name and Address of Current Registered Agent
G. MICHAEL EVANS
476 HWY A1A
SUITE 8
SATILLITE BEACH, FL 32937

9. Name and Address of New Registered Agent
 Name
WHITFIELD M PALMER III
 Street Address (P.O. Box Number is Not Acceptable)
15251 N HWY 329
 Suite, Apt. #, Etc.
 City
REDDICK
 State
FL
 Zip Code
32686

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 **Whitfield M. Palmer III** Date
 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: **William H Batchelor**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date Daytime Phone #

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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