۸ . ه	' PLEASE RE	AD ALL INST	RUCTIONS	BEFORE (	OMPLET	ING THIS FORM	1	
AP	DEALER OF	PLORID	A DEPARTMEI Sandra B. Moi Secretary of S IVISION OF CORPO	r <b>tham</b> State		F	ROVELI AND ILED I PM 2: 45	η.
DOCUMENT # N9600005589					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
FRIEN	ation Name DS OF THE NATUR _ SCIENCE CENTER		ARINE AND I	ENVIRONM		TALLAHAS	SEE. FLORIC	)A
Principal Place of Business Mailing Ad			ress		1			
12646 WEST FORT ISLAND TRAIL CRYSTAL RIVER FL 34429			12646 WEST FORT ISLAND TRAIL CRYSTAL RIVER FL 34429					
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mail					4. Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. #, etc.		Sulte, Apt. #	Sulte, Apt. #, etc. 303		5. FEI Numbe		0/31/1996 Applied	d For
City & State Ci		City & State	City & State  I NIVERNESS F L.		65-0	758657	<del></del>	plicable
Zip Country		Zip 344	79 3445/ GUNTY USA		6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status			required Status
7. Names	and Street Addresses of Each Office Name of Office			ations must list at lea				
Title(s)	and/or Directors		Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		Numbers)	City / State / Zip		
PD	HESS, TIM	714 SINOLAIR TERRACE 509 HIGHLAND AVE.			INVERNESS FL 34450-3-1-152			
VD	CUNNINGHAM, KEVIN	2729 N RESTON TERRACE		HERNANDO FL 34442				
D	MISKIMEN, GEORGE	P.O. BOX 210 N/A		CRYSTAL RIVER FL 34423				
6D	BRUZEK, DAVE	15760 W POWERLINE RD		CRYSTAL RIVER FL 34428				
TD	ROSE, ANDREW	9909 E LAKE TAHOE DR		INVERNESS FL 34450				
D	PURCELL, PAT	12646 WEST FORT ISLAND TRAIL		•	CRYSTAL RIVER FL 34	429	711/2	
8. Name and Address of Current Registered Agent					9. Name and	Address of New Registered	Agent 🖓	<u> </u>
CUNNINGHAM, KEVIN								
2859 NORTH CARL G. ROSE HWY.				Street Address (P.O. Box Number is Not Acceptable)			e1	
HERNANDO FL 34442				Suite, Apt. #, Etc.		-11/25/97(	0107700 <b>1</b>	
				City		**************************************	· ************************************	-25
10. 1, bein	g appointed the registered square	ne above named corpo	oration, am familiar w	I ith and accept the ol	bligations of Sect	tion 607.0505, F.S.	-1	
Signature Registered	of Agent	<del>}</del>	1	:		Date	0/97	
		REGISTERED AC	SENT MUST SIGN			. , ,	<i>,</i> , –	

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.

Yes No 🗵

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11. This corporation owes or has paid the current year

Intangible Personal Property tax due June 30.

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//- 10-97 351-563 3227

Date Daytime Phone #

(See other side for information on intangible tax.)



## gourd of Directors am Hees President Kavik Cunningham e President r. George Miskimen esidentiScientific Affairs Dave Brutek ecretary Andrew Rose Treasurer Patrick Purcell dence Station Director Hugh Adkins tal River High School Carol Brown i Representative Matt Clemons cults Aquatic Preserve Avis Graig rhuman & Henigar Mika Czerwinski rruman & Henlgar Roberta Dilocker County Schools Bob QIII imp Landing Sam Cyons County Ecotourism gary Maldhof **Co**unty Government Mille Miskimen izeri Representative Carol Morris en Representative lames Neal CK & Hitzbatrick PA Ellean Nunez Jisk and Wildlife Service Inn**e**tte Rosemann zen Kepresentative Dr. Walter Wynn her Munn and Associates lentific Advisory Board Dr. Norman Blake Versity of South Florida

**Dr. Walls Clark** Jangrsity of Jiorida **Don Sweat** Ani**ge**rsity of Jiorida



P.O. Box 303, Inverness, FL 34451

Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassec, FL 32314

Dear Sir/Madam,

Enclosed please find the Application for Reinstatement on behalf of the Friends of the Nature Coast Marine and Environmental Science Center.

Unfortunately I never received the notice for filing an annual report from your office. You will notice that our mailing address is different from our place of business. I changed this on our application and that should clear up any communication problems.

Also enclosed is a check for \$61.25 to cover costs for reinstatement.

If there are any questions, place do not hesitate to contact me by phone at 352-563-3227, during working hours.

Thank you for your cooperation,.

Sincerely,

Tim Hess