

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR -7 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005681

1. Corporation Name

**Florida Community College Consortium for Pollution
Prevention Education, Inc.**

2. Principal Office Address

1470 Treeland Blvd., S.E.

Suite, Apt. #, etc.

City & State

Palm Bay, Florida

Zip
32909-2211

Country
U.S.A.

3. Mailing Office Address

1470 Treeland Blvd., S.E.

Suite, Apt. #, etc.

City & State

Palm Bay, Florida

Zip
32909-2211

Country
U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

11-5-96

5. FEI Number

59-3511381

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

Michael F. Helmstetter

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

1470 Treeland Blvd., S.E.

Suite, Apt. #, Etc.

City

Palm Bay

State
FL

Zip Code
32909-2211

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

REGISTERED AGENT MUST SIGN

Date **1/26/01**

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	Lynn Gager	5230 W. Hwy 98	Panama City, FL 32401
VD	Janeth Campbell	135 Progress Drive	Tallahassee, FL 32304
VD	Fred Webb	126 N. Park Road	Plant City, FL 33566
TD	Warren Heltsley	1206 Lely Cultural Pkwy	Naples, FL 34113
SD	Dan Phillips	1000 College Blvd.	Pensacola, FL 32504

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lynn Gager

2-15-2001

Date

(850) 372-3821

Daytime Phone #