

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 10 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000005681**

1. Corporation Name

FLORIDA COMMUNITY COLLEGE CONSORTIUM FOR POLLUTION PREVENTION EDUCATION INC.

Principal Place of Business

1470 TREELAND BLVD., S.E.
PALM BAY FL 32909-2211

Mailing Address

1470 TREELAND BLVD., S.E.
PALM BAY FL 32909-2211

REINSTATEMENT 2002

000004439280

12/10/02--01074--009 **236.25

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3511381

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
SD TD	PHILLIPS, DAN Burden, Lynn	1000 COLLEGE BLVD.	PENSACOLA FL 32504
PD	GAGER, LYNN	5230 W. HIGHWAY 98	PANAMA CITY FL 32401
VD SD	CAMPBELL, JANETH Souto, Leesa	135 PROGRESS DRIVE 1470 Treeland Blvd., S.E.	TALLAHASSEE FL 32304 Palm Bay FL 32909
TD	HELTSLEY, WARREN	1206 LELY CULTURAL PARKWAY	NAPLES FL 34113
VD	WEBB, FRED	126 N. PARK ROAD	PLANT CITY FL 33566

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HELMSTETTER, MICHAEL

1470 TREELAND BLVD., S.E.
PALM BAY FL 32909-2211

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Michael Helmstetter, Ph.D.

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **Dec. 2, 2002**

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leesa Souto, Secretary/Director

321)723-4547

Date

Daytime Phone #