

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY 13 PM 4:09
TALLAHASSEE, FLORIDA

DOCUMENT # N96000006146

1. Corporation Name

Florida Land Preservation Foundation, Inc.

2. Principal Office Address

9625 Wes Kearney Way

Suite, Apt. #, etc.

City & State

Riverview, FL

Zip

33569

Country

USA

3. Mailing Office Address

9625 Wes Kearney Way

Suite, Apt. #, etc.

City & State

Riverview, FL

Zip

33569

Country

USA

REINSTATEMENT

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

11/27/96

5. FEI Number

593408675

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

James M. Reed

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

9625 Wes Kearney Way

Suite, Apt. #, Etc.

City

Riverview

State
FL

Zip Code
33569

700055195107
05/24/05--01065--013 ***358.75

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

James M. Reed

REGISTERED AGENT MUST SIGN

Date 11/7/03

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	Sandy N. Nettles	1766 Overview Drive	New Port Richey, FL 34655
D	Rick Harcrow	2905 Bayshore Blvd., St. 200	Tampa, FL 33629
D	Michael D. Rowison	14055 Riveredge Dr., St. 140	Tampa, FL 33637

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:

Michael D. Rowison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael D. Rowison, Director

Date

Daytime Phone #

10-7-23 (813) 978-0270

CR2E081 (10/02)