

PLEASE READ ALL INSTRUCTIONS BEFORE COMPL

FILED  
05 MAY 13 PM 4:09  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

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** ~~03-05~~

**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. Rowson	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. Rowson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael D. Rowson, 10-7-03  
Director Date

(813) 978-0270  
Daytime Phone #

CR2E081 (10/02)