## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# **APPLICATION FOR** REINSTATEMENT



### FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

#### N97000000209 **DOCUMENT #**

1. Corporation Name

#### DISCOVER FLORIDA NATURE AND HERITAGE ASSOCIATION , INC.

Principal Place of Business

Mailing Address

SIGNATURE:

FILED

02 JAN 24 AM 12: 36

701 BRICKELL AVENUE 701 BRICKEL SUITE 3000 SUITE 3000 MIAMI FL 33131 MIAMI FL 33							
	addresses are incorrect in any way, line to			correction below.	EINST	ATEMENT	07-02
			ing Office Address, If Applicable		4. Date Incorporated or Qualified —To Do Business in Florida—  01/15/1997		
Suite, Apt. #, etc. Suite, Apt. #			, etc.		5. FEI Numbe		Applied For
City & State City & State		City & State			65-0936934		Not Applicable
Zip	Country	Zip	Country	,		E OF STATUS DESIRED	5 Additional Fee required or a Certificate of Status
7. Names	and Street Addresses of Each Officer ar	nd/or Director (Flo	rida nonprofit corpora	tions must list at lea	st 3 directors)		
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip	
DP	HERTZ, ARTHUR H	3195 PONCE DE		LEON BLVD	CORAL GABLES FL 33134		34
D	HERTZ, ANDREW P		3195 PONCE DE LEON BLVD			CORAL GABLES FL 33134	
D	COLLINS, C. WENDALL	3195 PONCE DE LEON BLVD			CORAL GABLES FL 3313	14	
					00	000048453 -01/31/0201	.004005
					00	******61.25 000048453	1
						****236.25	****236526
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
Name							
	state registered agent corp Rickell avenue		Street Address (P.O. Box Number is Not Acceptable)				
	3000	Suite, Apt. #; Etc.					
MIAMI	FL 33131	City State Zip Code FL			Zip Code		
10. I, being	g appointed the registered agent of the a	bove named corp	oration, am familiar wi	th and accept the o	bligations of Sec	tion 607.0505, F.S.	
	INTRASTATE REC	GISTERED	AGENT COL	RPORATION	Ī		
Signature o Registered	Agent	MANN REGISACIENA	PEQU GENTEMUST SIGN	ured_	· · · · · · · · · · · · · · · · · · ·	Date JAN 1, 2	2002
11. I certify	that I am an officer or director or the re-	ceiver or trustee e	mpowered to execute	this application as p	provided for in ch	apter 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.