

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000001647

1. Corporation Name

AVIAN RESEARCH AND CONSERVATION INSTITUTE, INC.

Principal Place of Business

411 NE 7 STREET
GAINESVILLE FL 32601

Mailing Address

411 NE 7 STREET
GAINESVILLE FL 32601

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/18/1997

5. FEI Number

59-3455864

Applied For

Not Applicable

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
D	MEYER, KENNETH D	411 NE 7 STREET	GAINESVILLE FL 32601
D	CERULEAN, SUSAN	9554 YASHUNTAFUN RD	TALLAHASSEE FL 32311
D	APPELSON, GARY	407 NE 8TH ST	GAINESVILLE FL 32601
		2706 N.W. 18 Way	Gainesville FL 32605
			000023769030 10/13/03--01113--002 **236.25

8. Name and Address of Current Registered Agent

MEYER, KENNETH D
411 NE 7 STREET
GAINESVILLE FL 32601

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Kenneth D. Meyer
REGISTERED AGENT MUST SIGN

Date

10-9-03

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:

Kenneth D. Meyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-9-03 352-335-4151

CR20040 (7/03)