

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N97000005698

1. Corporation Name

SUSTAINABLE ENVIRONMENT FOUNDATION, INC.

Principal Place of Business

2200 SUE AVE
ORLANDO FL 32803
US

Mailing Address

2200 SUE AVE
ORLANDO FL 32803
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
03 NOV 14 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 2003
300024214413
10/20/03-01069-015 **61.25

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/1997

5. FEI Number

NOT APPLICABLE

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	JOHANNES, KENLON	45542 130TH AVE	LEIGH NE 68643
PST	JOHANNES, JENNIFER	45542 130TH AVE	LEIGH NE 68643
DV	TEALL, RUSSELL	111 SAGUARO LANE	MARATHON KEY FL 33050
D	TEALL, CHRISTY	111 SAGUARO LANE	MARATHON KEY FL 33050
D	ZELLER, GARY	2200 SUE AVE	ORLANDO FL 32803

8. Name and Address of Current Registered Agent

ZELLER, GARY
2200 SUE AVE
ORLANDO FL 32803

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

300024214413

11/17/03-01099-020 **175.00

FL

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date OCT 21, 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:

[Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 21, 03

Date

Daytime Phone #

407-228-9700

CF2E040 (7/03)