

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000005069

1. Corporation Name

SOUTHWEST FLORIDA COUNCIL FOR ENVIRONMENT EDUCATION, INC.

Principal Place of Business

3450 ORTIZ AVENUE  
FORT MYERS FL 33905

Mailing Address

3450 ORTIZ AVENUE  
FORT MYERS FL 33905

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 <i>P O Box 1548</i>	4. Date Incorporated or Qualified To Do Business in Florida <i>09/02/1998</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number <i>65-0934097</i>
City & State	City & State <i>FORT MYERS, FL</i>	Applied For Not Applicable
Zip	Zip <i>33902</i>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	8000003623308-0 -02/01/01-01098-009 4 ****297.50 ****297.50
D	HAMMOND, WILLIAM DR	5456 PARKER DR	FT MYERS FL 33919
PD	ANDERSON, RICHARD DR	28760 BERMUDA BAY WAY., #104	BONITA SPRINGS FL 34134
VD	YATES, DAVID	1334 KINGSWOOD CT	FT MYERS FL 34135
SD	BARNES-BUCHANAN, BARBARA	25548 FENNER CIRCLE	BONITA SPRINGS FL 34135
TD	ROEDER, MICHAEL	2929 BONITA ST	FT MYERS FL 33901
			8000003623308-0 -02/01/01-01098-009 4 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

ANDERSON, RICHARD 28760 BERMUDA BAY WAY., #104 BONITA SPRINGS FL 34134	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
--	--

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.

Signature of  
Registered Agent

*Richard Anderson*

REGISTERED AGENT MUST SIGN

Date *1/19/01*

CR25040 (8/00)

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:

*Richard Anderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/19/01*

Daytime Phone #