

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 NOV -7 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005069

1. Corporation Name

SOUTHWEST FLORIDA COUNCIL FOR ENVIRONMENT EDUCATION, INC.

Principal Place of Business

Mailing Address

3450 ORTIZ AVENUE
FORT MYERS FL 33905

P.O. BOX 1548
FORT MYERS FL 33902

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/02/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0934097

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

900024504519

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HAMMOND, WILLIAM DR	5456 PARKER DR	FT MYERS FL 33919
PD	ANDERSON, RICHARD DR	28760 BERMUDA BAY WAY, #104 71 3rd St	BONITA SPRINGS FL 34134
TD	ANDREWS, CHRISTINE P. TOM SMITH III	743 MARTHA LANE 1532 HENDRIX ST	SANIBEL FL 33957 FT MYERS 33901
SD	MAIN, MARTIN	UNIVERSITY OF FLORIDA IFAS	IMMOKALEE FL 34142
VD	ROEDER, MICHAEL	2929 BONITA ST	FT MYERS FL 33901
			000084483760 11/05/03--01023--006 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANDERSON, RICHARD

~~28760 BERMUDA BAY WAY, #104~~ 71 3rd St

BONITA SPRINGS FL 34134

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

Richard Anderson

REGISTERED AGENT MUST SIGN

Date

10/20/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/03

CR2040 (7/03)