

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 21 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N98000007208

1. Corporation Name

FLORIDA ENDANGERED WILDLIFE, INC.

Principal Place of Business

6385 PRESIDENTIAL CT  
109B  
FORT MYERS FL 33906

Mailing Address

P.O. BOX 61903  
FORT MYERS FL 33906

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

2. New Principal Office Address, If Applicable

6385 Presidential Ct  
#108

Suite, Apt. #, etc.

City & State  
Ft. Myers - Florida

Zip  
33919

Country  
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/21/1998

5. FEI Number

65-0879855

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status



REINSTATEMENT 03

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
DV	ALDERMAN, LES	2250 AVENIDA DEL VERA 12800 University Dr. Ste 400	NORTH FORT MYERS FL 33917 Ft. Myers, FL 33907
DP	CUTSHALL, STEFANIE	2250 AVENIDA DEL VERA 12800 University Dr. Ste 400	NORTH FORT MYERS FL 33917 Ft. Myers, FL 33907
TD	CORDELLO, DOUG	2250 AVENIDA DEL VERA 12800 University Dr. Ste 400	NORTH FORT MYERS FL 33917 Ft. Myers, FL 33907
D	BEAR, CINDY	2055 CENTRAL AVE	FORT MYERS FL 33901
D	CARR, DONNA	1701 BOY SCOUT DR	FORT MYERS FL 33907
D	GAYLOR, PHIL	2120 W FIRST ST	FORT MYERS FL 33901

8. Name and Address of Current Registered Agent

BROOKS, MITCHELL T  
258 BANGSBERG ROAD SE  
PORT CHARLOTTE FL 33952

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

700023964257

10/21/03 01035 033 #2396 25

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

*Michael T. Brooks*

REGISTERED AGENT MUST SIGN

Date

10-16-03

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:

*Stefanie Cutshall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/03 239.939.1553

Daytime Phone #

CR20040 (7/03)