

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N99000002815**

1. Corporation Name

CONCH FARM RESEARCH & EDUCATION FOUNDATION, INC.

Principal Place of Business

631 GREENE ST.
KEY WEST FL 33040

Mailing Address

631 GREENE ST.
KEY WEST FL 33040

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

05/03/1999

5. FEI Number

APPLIED FOR

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
D	ROLLINGS, DEAN E	631 GREENE ST.	KEY WEST FL 33040 ***122.50
D	PERKINS, W. A. III	27 DRIFTWOOD DR.	KEY WEST FL 33040
D	REED, JAMES W	6533 GIBSON DR.	ORLANDO FL 32809
D	LAPPOINT, BRIAN	625 RIOMOR DR.	VERO BCH FL 33040

8. Name and Address of Current Registered Agent

ROLLINGS, DEAN E
631 GREENE ST.
KEY WEST FL 33040

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

Oct 30, 01

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 #

Oct 30, 01

FILED

01 NOV -2 AM 10:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA



4/4/01 90052 002-41-25
6/8/01 90001 020-41-25

CR2E040 (8/01)