

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # N99000007366

1. Corporation Name

CONSERVATION TRUST FOR FLORIDA, INC.

FILED
01 JAN 29 AM 10:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

1904 N.W. 11TH RD.
GAINESVILLE FL 32605

1904 N.W. 11TH RD.
GAINESVILLE FL 32605



REINSTATEMENT 2000-01

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/14/1999	
City & State		City & State		5. FEI Number	
Zip		Country		59-3613021	
				Applied For	
				Not Applicable	
				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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	David Carr	1904 N.W. 11th Rd	Gainesville, FL 32605
D	Linda Dreyer	P.O. Box 944, Micanopy	Micanopy, FL 32667
D	Mike Campbell	301 West Sewing St.	Micanopy, FL 32667
D	Gary K. Melby	502 S.W. 17th Avenue	Micanopy, FL 32667
D	Yvette R. Dyke	17815 S.E. 21st Street	Micanopy, FL 32667

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARR, DAVID
1904 N.W. 11TH RD.
GAINESVILLE FL 32605

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City

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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 *David Carr* **SIGNATURE REQUIRED** Date 1/17/01
REGISTERED AGENT MUST SIGN

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: *David Carr* **SIGNATURE REQUIRED** Date 1/17/01 Daytime Phone # (352) 378-7482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **KE**

CR2E040 (8/00)