

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P00493**

1. Corporation Name

COASTAL CONSERVATION ASSOCIATION, INC.

Principal Place of Business

**905 EAST PARK AVENUE
TALLAHASSEE FL 32301-9646**

Mailing Address

**1890 SEMORAN BLVD
SUITE 355
WINTER PARK FL 32792
US**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/1983

5. FEI Number

74-1984482

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DVP	JERREMS, SCOTT	904 E PARK AVE	TALLAHASSEE FL
DC	NETTLES, TIM	733 JACANA WAY	NORTH PALM BCH FL
P	MCFADDEN, JEFF	905 E PARK AV	TALLAHASSEE FL
PD	FUESS, TOM	905 EAST PARK AVENUE	TALLAHASSEE FL
SD	SMITH, STUART	905 E PARK AVE	TALLAHASSEE FL
DT	CANNON, RICK	905 EAST PARK AVENUE	TALLAHASSEE FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**FORSQREN, TED
905 EAST PARK AVENUE
TALLAHASSEE FL 32301-9646**

Name

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

Suite, Apt. #, Etc.

City

000003447710--9

-11/01/00--01111--005

******236.25 ****236.25**

State

Zip Code

FL

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

SIGNATURE REQUIRED

Date

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/14/00 561-694-0443

FILED

00 OCT 19 AM 11: 28

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

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CR2E040 (8/00)

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