

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 20 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Tropical Nature Travel, INC.

2. Principal Office Address

2001 NE 7 Terrace

3. Mailing Office Address

PO Box 5276

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32609

Country

USA

Zip

32627-5276

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59 3746652

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

200010674022
01/23/03--01069--010 **150.00

7. Name and Address of Current Registered Agent

Name

Elizabeth L. Sanders

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

2001 NE 7TH TERRACE

Suite, Apt. #, Etc.

City

GAINESVILLE, FL

State
FL

Zip Code

32609

200010674022
02/19/03 01067 006 **150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Elizabeth L. Sanders
REGISTERED AGENT MUST SIGN

Date

1-16-03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Richard Devane	1314 28th ST NW	Washington DC 20007
D	Charles Munn	10802 Hudson Road	Owing Mills, MD 21117
D	Victor Emanuel	1507 Alameda	Austin TX 78704
D	Elizabeth L. Sanders	2001 NE 7TH Terrace	Gainesville, FL 32609

10. 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:

Elizabeth L. Sanders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-03
352 376 3377

CR2E081 (9/01)

2/2/06

TROPICAL NATURE
TRAVEL

CONSERVATION THROUGH ECOTOURISM

January 16, 2003

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

To who this may concern:

As president of Tropical Nature Travel, Inc., I am writing to advise you that I never received the renewal form for the renewal registration of our corporation.

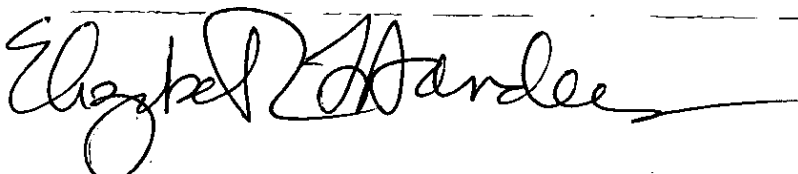
As I understand it, the reinstatement fee is waived for non-receipt and that I am to fill out the attached Corporation Reinstatement form and submit the normal fee of \$150, (as opposed to the \$750 reinstatement charge).

Tropical Nature Travel has recently changed its address and the new address is listed clearly on the reinstatement application.

If there are any questions or other needed information I will be glad to assist. I can be contacted at 352-376-3377 or 352-374-7143.

Thank-you for your time.

Sincerely,



Elizabeth Sanders
President
Tropical Nature Travel, Inc.