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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.												
	RPORATION ISTATEMENT		FLORIDA	DEPAR	TMENT OF	STATE	Ī		20 AM :			
de		A E	3 DI	ISION OF C	CORPORATIONS		ΓĂ	LLAHA	ARY OF STAT SSFE. FLORI	E DA		
DOCUMENT# \$ 0 00092735 1. Corporation Name Tropical Nature Travel, INC.									.,			
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·								200010674022 01/23/0301069010 **150.00				
· _ · _ · · _ · · · · · · · · · · ·				Office Address Box 5276			01723	D/ 1J.5=-	_0109201	U **15	U.UU -	
				te, Apt. #, etc.					<u> </u>	-	-	
							Date Incorporated or Qualified To Do Business in Florida					
City & State City & Gainesville, FL Gainesville				nesvi-lde;_FL			5. FEI Number Applied For					
Zip	Country	,	Zip		Country	·	<u>59</u>	344	+6652	[.	t Applicable	
326	09 0	SA		-5276				OF STATU	JS DESIRED 🔲 🛼	75 Additional or a Certificat	Fee required e of Status	
	7. Name and Address of Current Registered Agent											
	Street Address (P.O. Box Number is Not Acceptable) 2001 NE FIRE TERRACE 2001 NE FIRE TERRACE									_	ļ	
	2001 NE 7TH TERRACE Suite, Apt. #, Etc.							200010674022 - 02/19/03 01067 006 **11 0.00				
CITY GAINESVILLE, B.								State FL	3260)		
8. I, being appointed the registered agent of the above parieti corporation am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S,												
Signature of Registered Agent (1) See Consultation (1) Co								Date _	1-16-0	o'3	T C	
REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)												
Titles	Name of					Street Address of Each				o / 7in	,	
D	Richard Devane			Officer and/or Director				Washington DC				
	Charles Munn			10802 Hudson Road				2000+				
D	1 L			بروست بعد بندر بنار الأستاد المعادية				Owing Mills, HD 2017				
D	VICTOR Emanuel			1507 Alameda				Austin TX 78704				
D	Elizabeth L. Sanders			2001 NE 7Th Testace			estace	Gainesville, FZ 32609				
					--							
10. I cortify that I am an efficer or the receiver or the rece												
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 filling 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 due add accordate shall have the same legal effect as if made under cath.												
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #												

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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.