PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 FEB 20 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

0203 H13R

DOCUMENT # P01000092735

1. Corporation Name: Tropical Nature Travel, INC.

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

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 2001 NE 7 Terrace | 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

**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

200010674022
02/19/03 01067 006 **150.00

Suite, Apt. #, Etc.:

City: GAINESVILLE, FL. State: FL Zip Code: 32609

**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

CR2E081 (9/01)

**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 — Elizabeth L Sanders — 1-16-03 — 352 376 3377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gj 2/26

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.