

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 OCT 19 PM 3:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

Dedge Island Sanctuary, Inc.

2. Principal Office Address

1403 North Stewart Street

Suite, Apt. #, etc.

City & State

Milton, FL

Zip

32570

Country

U.S.A.

3. Mailing Office Address

5701 Nicklaus Lane

Suite, Apt. #, etc.

City & State

Milton, FL

Zip

32579

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

02/20/95

5. FEI Number

☒ 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

Pasco Gibson, Sr.

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

5701 Nicklaus Lane

Suite, Apt. #, Etc.

City

Milton

State

FL

Zip Code

32570

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

Pasco Gibson Sr.

REGISTERED AGENT MUST SIGN

Date 10/17/2000

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
P	Pasco Gibson, Sr.	5701 Nicklaus Lane	Milton, FL 32570

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:

Pasco Gibson Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/2000

Date

Daytime Phone #

KE

CR2E081 (9/99)