

PLEASE READ ALL INSTRUCTIONS BEFORE C

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000037431

1. Corporation Name

Ecosystems Land Mitigation Bank III Corporation

2. Principal Office Address - No P.O. Box #

66 Eastwind Lane

Suite, Apt. #, etc.

3. Mailing Office Address

230 Park Avenue

Suite, Apt. #, etc.

1130

City & State

Maitland, Florida

City & State

New York, New York

Zip

32751-5812

Country

USA

Zip

10169

Country

USA

7. Name and Address of Current Registered Agent

Name

Howard G. Seitz

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

11392 Turtle Beach Road

Suite, Apt. #, Etc.

City

North Palm Beach

State

FL

Zip Code

33408

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

REGISTERED AGENT MUST SIGN

Date 2-4-2010

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
Presid	Howard G. Seitz	230 Park Avenue, Suite 1130	New York, New York 10169
S/T	Margaret Gordon	P.O. Box 222	Cold Spring, New York 10516

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify 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:

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 FEB 8 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (11/09)

08-10

4. Date Incorporated or Qualified
To Do Business in Florida

May 11, 1995

5. FEI Number
59-3321557Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

2-4-2010

212 818-9200

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
ECOSYSTEMS LAND MITIGATION BANK III CORPORATION**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,058.75