1 of 2

FILED

08 APR -3 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000050385

Ecosystems Land Mitigation Bank I Corporation

REINSTATEMENT CR2E061 (6/05) 04/08

2. Principal Office Address		3. Mailing Office Address	
5104 N. Orange Blossom Trail		5104 N. Orange Blossom Trail	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 210		Suite 210	
City & State		City & State	
Orlando, Florida		Orlando Florida	
Zip	Country	Zip	Country
32810	USA	32810	USA

4. Date Incorporated or Qualified To Do Business In Florida: June 28, 1995

5. FEI Number: 59-3336248 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

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: Michael Cabana — Date: 4-3-08

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Direct.	Francis H. Cabot	P.O. Box 222	Cold Spring, New York 10516
Dir/Pres	Howard G. Seitz	230 Park Avenue, Suite 1130	New York, NY 10169
Treas.	Margaret Gordon	P.O. Box 222	Cold Spring, NY 10516
Sec.	Maria Tubito	230 Park Avenue, Suite 1130	New York, NY 10169

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: Howard G. Seitz — 4/3/08 — 212-818-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

APR. 3. 2008 2:36PM C S C NO. 594 P. 2

2 of 2

Florida Department of State
Division of Corporations
Public Access System

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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

CORPORATION REINSTATEMENT

ECOSYSTEMS LAND MITIGATION BANK I CORPORATION

Certificate of Status	0
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