

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



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

DOCUMENT # 572204

1. Corporation Name

Everglades Research Group, Inc.

W01-13403

2. Principal Office Address

21425 SW 368 St.

Suite, Apt. #, etc.

City & State

Homestead, FL

Zip

33034

Country

USA

3. Mailing Office Address

21425 SW 368 St.

Suite, Apt. #, etc.

City & State

Homestead, FL

Zip

33034

Country

USA

REINSTATEMENT 99-01

4. Date Incorporated or Qualified
To Do Business in Florida

August 9, 1991

5. FEI Number

65-0281517

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

Craig R. Dearr

900.00-Adm

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

9130 South Dadeland Blvd.

61.25-AR

Suite, Apt. #, Etc.

Suite 1609

8875-ARsupp

City

Miami

State

FL

Zip Code

33156

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

[Signature]

Date

7/2/01

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
P	George H. Dalrymple	21425 SW 368 St.	Homestead, FL 33034
S	Nancy K. O'Hare	21425 SW 368 St.	Homestead, FL 33034
			700004488637--\$
			-07/20/01-01117 802
			***1050.00 ***1050.00

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:

Nancy K. O'Hare

Nancy K. O'Hare

Date

June 26, 2001

Daytime Phone #

305-247-2019