

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N04958

1. Corporation Name

Jefferson County Humane Society, Inc.

2. Principal Office Address

1250 Mamie Scott Dr.

Suite, Apt. #, etc.

City & State

Monticello, FL

Zip Country

32344 USA

3. Mailing Office Address

PO Box 559

Suite, Apt. #, etc.

City & State

Monticello, FL

Zip Country

32345-0559 USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/04/1984

5. FEI Number

59-2507088

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

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****236.25 ****236.25

7. Name and Address of Current Registered Agent

Name

Michael A. Reichman

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

380 N. Jefferson Street

Suite, Apt. #, Etc.

City

Monticello

State

FL

Zip Code

32344

REINSTATEMENT 50 1/TS

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

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date 11/10/00

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	Tina Dollar-Ames	Rt. 2, Box 122M	Monticello, FL 32344
V	Chloe Strelow	Rt. 4, Box 40125	Monticello, FL 32344
T	Michael Iaukea	925 W. Washington St. STE 200	Monticello, FL 32344
D	Guery Watson	1250 Mamie Scott Dr.	Monticello, FL 32344
Don	Donna Dowler	Rt. 5, Box 5732	Monticello, FL 32344
D	Michael Reichman	380 N. Jefferson St.	Monticello, FL 32344

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)(f), 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:

Tina Dollar-Ames
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tina Dollar-Ames

10/17/00

Date

850-997-3082

Daytime Phone #

CR2E081 (9/99)