

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
~~FOR~~
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **763212**

96 OCT -4 AM 11:16

1. Corporation Name
VOLUNTEER SERVICES FOR ANIMALS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1996 Annual Report Form

Principal Place of Business Mailing Address
7077 AIRPORT ROAD 7077 AIRPORT ROAD
NAPLES FL 33942 NAPLES FL 33942



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-10/16/96--01126--008
****236.25 ****236.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| | | | | | |
|--|--|--|--|--|--|
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 05/11/1982 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 59-2197365 | |
| | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|----------------------|
| PD | MARD, LOUISE | 508 CARICA ROAD | NAPLES FL |
| VD | THOMAS, LYNN | 9836 LUNA CIRCLE | NAPLES FL |
| SD | MATTISON, KARLEEN | 376 EDMERE WAY NORTH | NAPLES, FL 00000 |
| TD | ASHER, SHAREN | 625 YUCCA ROAD | NAPLES FL |
| | | | |

A. Alaw
10-14-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOJEWSKI, EUGENE A., P.A.
~~4700 TAMiami TRAIL NORTH, STE 5A~~ 4409 CATALINA DR.
NAPLES FL ~~33940~~ 11-46
34112

| | | |
|--|-------|----------|
| Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | |
| Suite, Apt. #, Etc. | | |
| City | State | Zip Code |
| | FL | |

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* Date **9/30/96**
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on Intangible tax.)

12. 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: *Sharen S. Asher* 9/27/96 941-262-4464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
SHAREN S. ASHER

CR2E040 (7/96)



VOLUNTEER SERVICES FOR ANIMALS, INC.

7077 NORTH AIRPORT ROAD
NAPLES, FLORIDA 33942

(813) 597-4930

Sept 27, 1996

To Whom it may Concern:

*Just for the record, we
never received the forms to file
our Annual Report - either early
in the year or after June 3.*

*I think someone goofed &
it's not us!*

Sharon Asher, Treas.