

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS.

FILED

03 OCT 21 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700877

1. Corporation Name

SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS
OF CENTRAL FLORIDA (S.P.C.A. OF CENTRAL FLORIDA)

Principal Place of Business

Mailing Address

2727 CONROY ROAD
ORLANDO FL 32839-2162

2727 CONROY ROAD
ORLANDO FL 32839-2162

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/29/1960

5. FEI Number

59-0637883

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

200023971882
10/21/03--01071--021 ***236.25
City / State / Zip

Title(s)
1

Name of Officers
and/or Directors

2

Street Address of Each
Officer and/or Director

3

ND
D

~~BABIT RANDY~~
LOEWINGER, JANA

~~P.O. BOX 883330~~
1624 PARK LAKE ST.

~~ORLANDO FL 32839~~
ORLANDO, FL 32803

D

BURLESON, LINDA

2727 CONROY ROAD

ORLANDO FL 32839

SD

CASTOR, SARAH

2201 KINDEL AVENUE

WINTER PARK FL 32789

PD

GIBSON, PATRICIA

4300 WATERFRONT PARKWAY

ORLANDO FL 32806

TD

GARWOOD, BARBARA

339 LAKEVIEW ST

ORLANDO FL 32804

D

STANISZKIS, KAZUKO

2727 CONROY ROAD

ORLANDO FL 32839

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GIBSON, PATRICIA
4300 WATERFRONT PKWY
ORLANDO FL 32806

Name
BARBARA GARWOOD
Street Address (P.O. Box Number is Not Acceptable)
339 LAKEVIEW ST.
Suite, Apt. #, Etc.
City
ORLANDO, FL
State
FL
Zip Code
32804

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. or 617.0505, F.S.

Signature of
Registered Agent

Barbara Garwood SIGNATURE REQUIRED

Date 10/14/03

REGISTERED AGENT MUST SIGN

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 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: *Barbara Garwood* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03
Date
707-351-7722
Daytime Phone #

CR2E040 (7/03)