

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

00 OCT 18 AM 9:51

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **702035**

1. Corporation Name

MIAMI FLORIDA CAT FANCIERS INC

Principal Place of Business

Mailing Address

C/O BESSEMER, GLORIA T.
 4235 S.W. 103RD AVENUE
 MIAMI FL 33316
 US

C/O BESSEMER, GLORIA T.
 4235 S.W. 103RD AVENUE
 MIAMI FL 33316
 US

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



300003446963--2
 -11/01/00-01054-020

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or To Do Business in Florida
 ***286.25 ***236.25
 02/20/1969

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

NOT-APPLICABLE

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
TD	BESSEMER, GLORIA T.	4235 S.W. 103RD AVENUE	MIAMI FL 33165
VP	STICKNEY, TOM	5920 SW 63 CT.	MIAMI SHORES FL 33143
PD	STICKNEY, MICHELLE	5920 S.W. 63RD COURT	MIAMI FL 33143
CS	STATZ, PHYLLIS Resigned	10834 SUNSET DRIVE	MIAMI FL
PD	IBBERSON, RAY	441 MARMORE AVENUE	MIAMI FL
CS	Bessemer, Gloria T.	4235 SW 103 Ave	Miami FL 33165

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BESSEMER, GLORIA T.
 4235 SW 103 AVE.
 MIAMI FL 33165

REINSTATEMENT 2000

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

10/18/2005

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/18/2005

CR2E040 (6/00)