

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

**97 AR**

**FILED**

**98 JAN -2 AM 9:24**

**SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA**

**DOCUMENT # 706619**

1. Corporation Name  
**THE HUMANE SOCIETY OF HIGHLANDS COUNTY, FLORIDA, INC.**

Principal Place of Business Mailing Address  
**7910 AIRPORT RD. BOX 732 P.O. BOX 732**  
**BOX 732 BOX 732**  
**SEBRING FL 33870 SEBRING FL 33871**  
**US US**



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	
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		12/30/1963	
City & State		City & State		5. FEI Number	
Zip		Country		59-1104159	
				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	FINLAYSON, KEITH <i>John Meder</i>	1130 LAKESHORE DR <i>7910 Airport Rd.</i>	FLORIDA FL 33857 <i>Sebring, FL 33870</i>
VPD	ARONSON, JULES <i>Blanche Chafe</i>	1236 SHAMROCK DR <i>2484 N. Orangewood St</i>	SEBRING FL 33872 <i>2000 Park, FL 33825</i>
TD	ALLWOOD, MARJORIE <i>Gretchen Fram</i>	6504 HANCOCK RD <i>P.O. BOX 732/NA</i>	SEBRING FL 33872 1
SD	CLARK, SUE <i>Cheryl Heath</i>	210 QUAIL RUN <i>1726 NW Lakeview</i>	VENUS FL 33960 <i>Sebring, FL 33870</i>
			<i>As Deposited/Bank</i>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ALLWOOD, MARJORIE 6504 HANCOCK RD SEBRING FL 33872		Name: <i>John Meder</i> Street Address (P.O. Box Number is Not Acceptable): <i>7910 Airport Rd.</i> Sulte, Apt. #, Etc.	
		City: <i>Sebring</i>	State: <b>FL</b> Zip Code: <b>33870</b>

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: *John Meder* Date: *12-29-97*  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *John Meder* John Meder 12-29-97  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRS-E040 (8/97)