

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 23 AM 8:00

DOCUMENT # **759477**

1. Corporation Name

ANIMAL FRIENDS SOCIETY INC.

Principal Place of Business

4510 DREXEL ROAD
LAND O LAKES FL 34639

Mailing Address

4510 DREXEL ROAD
LAND O LAKES FL 34639
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03



700024058207

4. Date Incorporated or Qualified To Do Business in Florida **08/05/1981**

5. FEI Number

59-2135888

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
S	BATES, VIRGINIA J	P.O. BOX 1083	BUSHNELL FL 33513
P	HAY, BETTY	4510 DREXEL ROAD	LAND O LAKES FL 34639
VP + D	WINN, CAROL	3705 MONACH ST	TAMPA FL 34618
T + D	ROBB, JANE	203 W KIRBY	TAMPA FL 33604
S	FLETCHER, JEAN	3015 WISTER CIRCLE	VALRICO FL 33594
D	COOPER, MONICA	9460 125TH ST N	SEMINOLE FL 33772

8. Name and Address of Current Registered Agent

~~BATES, VIRGINIA J~~
~~1055 S.W. 110TH PLACE~~
~~WEBSTER FL 33597~~

9. Name and Address of New Registered Agent

Name

HAY BETTY

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

4510 DREXEL RD.

Suite, Apt. #, Etc.

City

LAND O LAKES

State

FL

Zip Code

34639

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

Betty S. Hay
REGISTERED AGENT MUST SIGN

Date **OCT. 17, 2003**

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: *Betty S. Hay*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT. 17, 2003 **913 996 6344**
Date Daytime Phone #

CF2E040 (7/03)