PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPLICATION) FLORIDA DEPARTMENT OF STATE APPROVED Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS 96 OCT -4 AM !!: 16 DOCUMENT# 763212 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA VOLUNTEER SERVICES FOR ANIMALS, INC. 7077 AIRPORT ROAD 7077 AIRPORT ROAD NAPLES FL 33942 NAPLES FL 33942 10/16/96--01126--008 If above addresses are incorrect in any way, line through incorrect information and enter correction below. ****236,25 ****236,25 2 New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 05/11/1982 Suite, Apl. #, etc. Suite, Apl. #, etc. 5. FEI Number Applied For City & State City & State 59-2197365 Not Applicable Zip 6. Country \$8.75 Additional Fee required Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Trile(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip PD MARD, LOUISE **508 CARICA ROAD** NAPLES FL **VD** THOMAS, LYNN 9836 LUNA CIRCLE NAPLES FL SD MATTISON, KARLEEN 376 EDGEMERE WAY NORTH NAPLES, FL 00000 TD ASHER, SHAREN 625 YUCCA ROAD NAPLES FL 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent LOJEWSKI, EUGENE A., P.A. LOJEWSKI, EUGENE A., F.A. 4700-TAMIAMI TRAIL-NORTH, STE BA 4909 CATALINA DR. 11-46 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 34112 City State Zip Code 10. I, being appointed the registered agont of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



VOLUNTEER SERVICES FOR ANIMALS, INC.

7077 NORTH AIRPORT ROAD NAPLES, FLORIDA 33942

(813) 597-4930

Dept 27, 1996

To Whom it may Concern:

Just far the recard, we never received the form to file never received the form to file our Annual Report - sither sorly in the year or after June 3.

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Staren aster, Ireae.