

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAR 30 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765236

1. Corporation Name

Clewiston Friends of Animals, Inc.

2. Principal Office Address - No P.O. Box #

1017 Ponce de Leon Avenue

Suite, Apt. #, etc.

City & State

Clewiston, FL

Zip

33440

Country

USA

3. Mailing Office Address

1017 Ponce de Leon Avenue

Suite, Apt. #, etc.

City & State

Clewiston, FL

Zip

33440

Country

USA

600147978506
03/30/09--01048--003 **358.75

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida 09/29/1982

5. FEI Number

65-0087471

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Melanie A. McGahee, Esq.

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

417 West Sugarland Hwy.

Suite, Apt. #, Etc.

City

Clewiston

State

FL

Zip Code

33440

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Melanie A. McGahee

REGISTERED AGENT MUST SIGN

Date 03/18/2009

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	Mali Chamness	1017 Ponce de Leon Avenue	Clewiston, FL 33440
VPD	Marie Miller	600 Ridgeview Circle	Clewiston, FL 33440
SD	Aida Delgado	P.O. Box 921	Clewiston, FL 33440

10. 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 contained in Chapter 119, 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:

Mali Chamness MALI Chamness
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/2009

Date

863.983.1677

Daytime Phone #