

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

3. Mailing Office Address
1017 Ponce de Leon Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Clewiston, FL

City & State
Clewiston, FL

Zip Country
33440 USA

Zip Country
33440 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 State Zip Code
Clewiston FL 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*

Date 03/18/2009

REGISTERED AGENT MUST SIGN

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: *MChamness* MALI Chamness
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/2009 863.983.1677
Date Daytime Phone #