

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVAL
AND
FILED

03 OCT 15 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **765313**

1. Corporation Name

"DING" DARLING WILDLIFE SOCIETY, INC. *JK*

Principal Place of Business

Mailing Address

~~NO LAURA M HESSE~~ Gary Ogden
1 WILDLIFE DR.
SANIBEL FL 33957

~~NO LAURA M HESSE~~ Gary Ogden
1 WILDLIFE DR.
SANIBEL FL 33957

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 2003



900023858309

10/16/03--01066--017 **236.25

4. Date Incorporated or Qualified To Do Business in Florida

10/06/1982

5. FEI Number

59-2240895

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
ATD	KLOOSTERMAN, MARILYN	1856 ARDSLEY WAY	SANIBEL FL
D	KRIVAL, ART	736 DURION COURT	SANIBEL FL 33957
D	RANKIN, JEANNE	1986 WILD LIME DRIVE	SANIBEL FL
TD	HOOPER, MARILYN	5280 LADYFINGER LAKE ROAD	SANIBEL FL
SD	HEIDORN, DONALD	5514 SW 11 AVE	CAPE CORAL FL
D	HULT, DICK	3429 WEST GULF DRIVE	SANIBEL FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LIGHTNER, SHARRON K
19398 ORCHIDTREE COURT
LEHIGH ACRES FL 33936

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Sharron K Lightner
REGISTERED AGENT MUST SIGN

Date

10/14/03

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:

Marilyn L Hooper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARILYN L HOOPER, TREASURER

10-14-03

Date

Daytime Phone #

239/472-1100 EXT. 233

CR2E040 (7/03)