

L02000031112

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

L. SELLERS
OCT - 8 2010
EXAMINER

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email Address: _____

10

**LIMITED LIABILITY REINSTATEMENT
CARING FIELDS ANIMAL SANCTUARY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$655.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 OCT 7 AM 9:43

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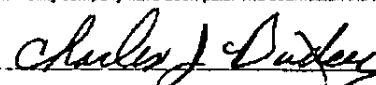
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000031112					
1. Limited Liability Company's Name Caring Fields Animal Sanctuary, LLC					
2. Principal Office Address - No P.O. Box # 6452 S.W. Markel Street			3. Mailing Office Address 6452 S.W. Markel Street		
Subs., Apt. #, etc.			Subs., Apt. #, etc.		
City & State Palm City, FL			City & State Palm City, FL		
Zip 34990	Country USA	Zip 34990	Country USA	4. State/Country of Formation Florida	
				5. Date Organized or Qualified To Do Business in Florida 11/20/2002	
				6. FEI Number 320043009	Applied For <input type="checkbox"/>
				Not Applicable <input type="checkbox"/>	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					
8. Name and Address of Current Registered Agent					
Name Charles J. Birdsey					
Street Address (P.O. Box Number is Not Acceptable) 489 South Beach Road					
Suite, Apt. #, Etc.					
City Hobe Sound			State FL	Zip Code 33475	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.					
Signature of Registered Agent				Date Oct 5, 2010	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
MGR	Charles J. Birdsey	489 South Beach Road		Hobe Sound, FL 33475	
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager				Date Oct 5, 2010	Daytime Phone # 771-722-0220
Typed or printed name of signing Managing Member/Manager		Charles J. Birdsey			

CR2E041 (12/07)

A \$100 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 \$100 reinstatement be waived.

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