

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 JUN -4 PM 3:44

DOCUMENT # N 00000001748

1. Corporation Name

The Society For the Prevention of Cruelty to Patients, Inc.

2. Principal Office Address

4319 19th Ave W

Suite, Apt. #, etc.

3. Mailing Office Address

2615 60th St. W

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton

Zip

34209

Country

Manatee

Zip

34209

Country

Manatee

4. Date Incorporated or Qualified  
To Do Business in Florida

04/29/01

5. FEI Number

65-0996420

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

Carol Stronstorff

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

2615 60th St. W

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34209

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date June 3, 2004

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
T	Tisdale, Robert	2711 1st Ave W	Bradenton, FL 34205
DVS	STRONSTORFF, Carol	2615 60th St. W	Bradenton, FL 34209
D	Ruf, Walter	Abteistr. 38	Bendorf, Germany
D/P	STRONSTORFF, Albert	809 Olive St last	Florence, NJ 08517

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP

June 4, 2004

Date

Daytime Phone #

941-794-1634

CR2001 (01/04)