

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV -1 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000004398

1. Entity Name
HAPPY TAILS ANIMAL RESCUE, INC.



Principal Place of Business
PET SMART LUV-A-PET OR ADOPTION FAIRS
JACKSONVILLE, FL 32225

Mailing Address
1034 SHIPWATCH DR
JACKSONVILLE, FL 32225



10182007 REIN-NP CR2E099 (1/07)

2. Principal Place of Business - No P.O. Box #
PET SMART LUV-A-PET
Suite, Apt., etc. AND ADOPTION FAIRS

3. Mailing Address
1034 SHIPWATCH DR.
Suite, Apt., etc.

City & State
JACKSONVILLE FL
Zip 32225 Country USA

City & State
JACKSONVILLE FL
Zip 32225 Country USA

4. FEI Number
59-3666312
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEECROFT, PHYLLIS L
1034 SHIPWATCH DR E
JACKSONVILLE, FL 32225

7. Name and Address of New Registered Agent

Name N/A
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Phyllis L Beecroft PHYLLIS L. BEECROFT 10/29-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2008, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BONDI, GAIL 11374 WEEDEN ISLAND WAY JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KLOTH, DEBRA 2541 PAULA AVE JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEECROFT, PHYLLIS L 1034 SHIPWATCH DR E JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WARE, BETTY J 77 WAKEFIELD NEWNAN, GA 30265	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FARNSWORTH, JANICE 8141 ODEN JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

500111582485
11/01/07--01033--019 **245.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Phyllis L Beecroft, Treasurer 10/29-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

904-230-9086