

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 18 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000004937

1. Corporation Name

ALL CREATURES SANCTUARY, INC.

Principal Place of Business

13580 DEER CREEK DR.
PALM BEACH GARDENS FL 33418

Mailing Address

13580 DEER CREEK DR.
PALM BEACH GARDENS FL 33418



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/2000

5. FEI Number

65-1007719

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LUFKIN, JUSTINE	13580 DEER CREEK DRIVE	WEST PALM BEACH FL 33418
D	ANGELI, VALERIE	236 EAST 36TH STREET APT 4	NEW YORK NY 10016
D	DARVILLE, ROSEMARY	839 CROTON DRIVE	ROYAL PALM BEACH FL 33411

400008672144

10/29/02--01113--008 **61.25

8. Name and Address of Current Registered Agent

LUFKIN, JUSTINE

13580 DEER CREEK DR.

PALM BEACH GARDENS FL-33418

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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

Justine Lufkin
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date Oct 22-02

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:

Justine Lufkin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct 22-02

Towhom it may concern:

I did not receive
this form before this one.

I certainly would
have sent in the \$61.25
had I known that it
was required for me
to retain my status.

I apologize and
hope that this payment
will be satisfactory
as I have a lot of
animals depending on
donations.

Sincerely,
Justine Dykin,
All Creatures Sanctuary