

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 16 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000004937

1. Corporation Name

ALL CREATURES SANCTUARY, INC.

Principal Place of Business

Mailing Address

13580 DEER CREEK DR.
PALM BEACH GARDENS FL 33418

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		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 07/25/2000	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-1007719	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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

400023858684
10/16/03--01073--002 **\$1.25

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

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
REGISTERED AGENT MUST SIGN

Date

10/10/03

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:

Justine Lufkin JUSTINE duFKin 10/10/03 561-630-0710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

All Creatures Sanctuary
13580 Deer Creek Drive
Palm Beach Gardens, Fl.

To whom it may concern:

I never received any prior business
report notices for this corporation.

Under these circumstances I am
enclosing a check for \$61.25 for reinstatement.

Please call me if you have any
questions at 561-630-0710.

Thank you.

Sincerely,
Justine Dupkin
(President)