

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000007493

1. Corporation Name

A New Leash On Life

3335 Freeman Lane
3335 Freeman Lane

2. Principal Office Address

3335 Freeman Lane

Suite, Apt. #, etc.

City & State

Melbourne, FL

Zip

32940

Country

USA

3. Mailing Office Address

3335 Freeman Lane

Suite, Apt. #, etc.

City & State

Melbourne, FL

Zip

32940

Country

USA

REINSTATEMENT 01-04

**4. Date Incorporated or Qualified
To Do Business in Florida** November 2000

5. FEI Number

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

Desiree M Webber

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

3335 Freeman Lane

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32940

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

Desiree M Webber

Date **October 29, 2004**

REGISTERED AGENT MUST SIGN

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
Pres	Desiree M Webber	3335 Freeman Lane	Melbourne, FL 32940
VPres	Dianne M Cullen	3335 Freeman Lane	Melbourne, FL 32940
Sec&	Joyelle L Webber	3335 Freeman Lane	Melbourne, FL 32940
Trea			

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:

Desiree M Webber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct 29, 2004

Daytime Phone #

(321) 751-2338

DESIREE M WEBBER

APPROVED
AND
FILED
NOV - 1 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (01/04)