

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC 20 PH 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO1000000205

1. Corporation Name

Center for Animals Under Stress
of Extinction, Inc.

2. Principal Office Address

2555 PGA Blvd #192

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#192

Suite, Apt. #, etc.

#192

City & State

Palm Beach Gardens, FL

City & State

PBG, FL

Zip

33410

Country

USA

Zip

33410

Country

USA

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

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

Betty Metcalf

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

2555 PGA Blvd

Suite, Apt. #, Etc.

#192

City

Palm Beach Gardens

State

FL

Zip Code

33410

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

Betty E Metcalf
REGISTERED AGENT MUST SIGN

Date 12-15-05

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
D	Debra J.R. Wildeman	3184 Lychee St.	Palm Beach Gardens, FL 33403-1220
	<i>for 12/20</i>		

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:

Debra J Wildeman 12-15-05 (561) 541-6601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #