PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 FEB 28 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N01000000586

1. Corporation Name

F.I.N.O. DOGGIE RESCUE, INC.

Principal Place of Business	Mailing Address
5872 NW 75 WAY PARKLAND FL 33067-1239	5872 NW 75 WAY PARKLAND FL 33067-1239

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/22/2000

5. FEI Number: 31-1783877 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WILLIS, W WORDEN	5872 NW 75 WAY	PARKLAND FL 33067
D	FLETCHER, MARILYN WILLIS	3884 PEACHTREE RD NE	ATLANTA GA 30319
D	BRIDGES, LUCIE COLE	P.O. BOX 1191	CALHOUN GA 30703

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8. Name and Address of Current Registered Agent

WILLIS, W WORDEN
5872 NW 75 WAY
PARKLAND FL 33067-1239

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.

Signature of Registered Agent: W Worden Willis — REGISTERED AGENT MUST SIGN — Date: 12/11/01

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: W Worden Willis — 12/11/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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