2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000001521

CSUY, RONALD D

682 BENITAWOOD CT

WINTER SPRINGS, FL 32708

Name:

Address:

City-St-Zip:

Entity Name: STREET CAT SANCTUARY, INC

FILED Oct 22, 2004 Secretary of State

Entity Nar	ne: SIRE	ELCALSAN	NCTUARY, INC.					
Current Principal Place of Business:				New Prince	New Principal Place of Business:			
682 BENIT WINTER S								
Current Mailing Address:				New Maili	New Mailing Address:			
682 BENIT WINTER S								
	ce with s. 607	7.193(2)(b), F.S	mber Applied For() S., the corporation did no	•	е.	Certificate of Status Desired (X)		
Name and	Address	of Current R	Registered Agent:	Name and	Address	of New Registered Agent:		
PHILLIPS-682 BENIT WINTER S	AWOOD C	CT C	US					
The above in the State			his statement for the p	ourpose of changing	ts register	red office or registered agent, or both,		
SIGNATUR	RE:							
	Elec	tronic Signat	ture of Registered Age	ent		Date		
OFFICERS	S AND DIR	ECTORS:		ADDITION	IS/CHAN	GES TO OFFICERS AND DIRECTORS	:	
Title: Name: Address: City-St-Zip:	682 BENITA	() Delete CSUY, DEBRA AWOOD CT PRINGS, FL 32	2708	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	,	() Delete CHARLOTTE KY RIDGE PLAG FL 32773	CE	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	682 BENITA	() Delete CSUY, DEBRA AWOOD CT PRINGS, FL 32	2708	Title: Name: Address: City-St-Zip:		() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

PHILLIPS, SANDRA

KINSMAN, OH 44428

7126 ORANGEVILLE-KINSMAN RD.

SIGNATURE: DEBRA L. PHILLIPS-CSUY DP 10/22/2004