

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000001925

Entity Name: FELINE FRIENDS, INC.

FILED
Oct 17, 2007
Secretary of State

Current Principal Place of Business:

165 N.E. 2ND AVE.
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

165 N.E. 2ND AVE.
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: 65-0590142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBER, CINDY J
8346 HUNTSMAN PLACE
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BETH CARON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEBER, CINDY J
Address: 8346 HUNTSMAN PLACE
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: CARON, BETH A
Address: 23404 LIBERTY BELL TERR.
City-St-Zip: BOCA RATON, FL 33443

Title: D () Delete
Name: AMY, FISCHER D
Address: 8811 A S.W. 21ST CT.
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: FRIEND, SUSAN
Address: 5511 N.E. 16TH AVE.
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: D () Delete
Name: MOLLO, MARY
Address: 558401 ARBOR CLUB WAY
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: BETH CARON

D

10/17/2007

Electronic Signature of Signing Officer or Director

Date