

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

Sep 08, 2003 8:00 A.M.
Secretary of State

DOCUMENT # N01000002715

1. Corporation Name
PYRANGEL RESCUE NETWORK, INC.
a Florida not-for-profit organization

100022927521
09/10/03--01044--001 **315.50

2. Principal Office Address

910 Cedar Ridge Lane

Suite, Apt. #, etc.

City & State
DeLand, Florida

Zip 32720
Country USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip **Country**

REINSTATEMENT 02-03

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

4/17/2001

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

Michael L. Marlowe, Esq.

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

1150 Louisiana Avenue

Suite, Apt. #, Etc.

Suite 4

City

Winter Park,

State
FL

Zip Code
32789

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**

Michael L. Marlowe

Date

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
owner President	Michael C. O'Brien	910 Cedar Ridge Lane	DeLand, Florida 32720
vice President	Eileen M. O'Brien	910 Cedar Ridge Lane	DeLand, Florida 32720
Coordinator	Ladyn Kelly	8857 Ivey Rd	Jacksonville, FL 32216

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:

Michael C. Fresno

Michael C. Fresno

21 June 03

912-882-0913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/9