

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 18 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N02000000180**

1. Corporation Name

KITTY ACRES, INC.

Principal Place of Business

Mailing Address

14512 SHAY DR.
SPRING HILL FL 34610

12211 FOX CHASE DRIVE
HUDSON FL 34669

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

REINSTATEMENT 53

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/2002

5. FEI Number

59-3742374

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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/P	DIVANILZA GARLAUSKAS	12211 FOX CHASE DR H-1/101 HUDSON, FL 34609	

900024818459
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARLAUSKAS, DIVANILZA
12211 FOX CHASE DR.
HUDSON FL 34669

Name

(SAME)

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. or 617.0505, F.S.

Signature of
Registered Agent

Divanilza Garlauskas
REGISTERED AGENT MUST SIGN

Date

11/11/03

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:

Divanilza Garlauskas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/11/03

Daytime Phone #

CR2E040 (7/03)

ROBERT J. FEDOR
CERTIFIED PUBLIC ACCOUNTANT
10422 U.S. Highway 19
Port Richey, FL 34668
(727) 863-0223

November 12, 2003

State of Florida
Department of State
Tallahassee, FL

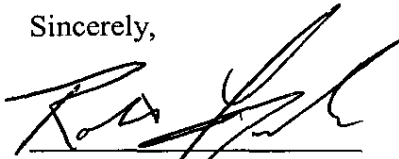
Dear Sir/ Madam,

Enclosed is the annual report/ Application for reinstatement for Kitty Acres, Inc.; document # N02000000180..

We apologize for the lateness in supplying you with this form. This information was probably requested by your department months ago. The husband of the director of the organization suffered another stroke earlier this year and lost much of his memory . Since he had been functioning as the secretary/bookkeeper of the organization, we have no record of having received the original annual report, if indeed it was sent to us.

Please be advised that the work I have done on this annual report/ application for re-instatement has been donated free of charge. The organization saves and keeps deserted cats alive. It feeds and shelters over fifty cats, not to mention the medical care it provides.

Sincerely,


Robert J. Fedor, C.P.A.