

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 24 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000000326

1. Corporation Name

VOICE OF COMPASSION FOR ANIMAL LIFE, INC.

3201 W. HILLSBOROUGH AVE

3201 W. HILLSBOROUGH AVE

2. Principal Office Address

3201 W. HILLSBOROUGH AVE

3. Mailing Office Address

3201 W. HILLSBOROUGH AVE

Suite, Apt. #, etc.

#15532

Suite, Apt. #, etc.

#15532

City & State

TAMPA, FL

City & State

TAMPA, FL 33614

Zip

33614

Country

USA

Zip

33614

Country

USA

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

1/17/2002

5. FEI Number

42-1537840

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

700037055177
05/24/04--01097--006 **297.50

7. Name and Address of Current Registered Agent

Name

CHAD BROWN

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

209 W. FRIERSON AVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33603

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

REGISTERED AGENT MUST SIGN

Date

5/19/04

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
PD	CHAD BROWN	209 W. FRIERSON AVE	TAMPA/FL/33603
VD	ANGI NEHRENZ	209 W. FRIERSON AVE.	TAMPA/FL/33603
D	LANA SMITHSON	209 W. FRIERSON AVE	TAMPA/FL/33603

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CHAD BROWN

5/19/04

813-236-2465

CR2E081 (01/04)