

2001 4-2002 UBR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 APR 22 PM 6:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO2.00.000.4488

1. Corporation Name

Ferals on Patrol, Inc.

2. Principal Office Address

4850 Lake Pickett Dr.

Suite, Apt. #, etc.

City & State

Groveland, FL

Zip

34762

Country

U.S.A.

3. Mailing Office Address

P.O. Box 470753

Suite, Apt. #, etc.

City & State

Celebration, FL

Zip

34747

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

7/23/99

5. FEI Number

N/AE

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

Deborah L. Martin

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

4850 Lake Pickett Drive

Suite, Apt. #, Etc.

City

Groveland

State

FL

Zip Code

34747

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

7/12/02

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
PST	Deborah L. Martin	4850 Lake Pickett Dr.	Groveland, FL 34762
VD	Barbara J. Poirier	4850 Lake Pickett Dr.	Groveland, FL 34762
D	Gayle Owens	170 East Washington St.	Orlando, FL 32801-2397

01-02 UBR

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DEBORAH L. MARTIN

Date

7/12/02

(352) 429-9396

Daytime Phone #