

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -2 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO 200000 8558

1. Corporation Name

MARSH EXOTIC ANIMAL
FOUNDATION, INC.

2. Principal Office Address

17281 SHELBY LANE.

Suite, Apt. #, etc.

City & State

N. FT. MYERS FL

Zip

33917

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

N. FT. MYERS, FL

Zip

33917

Country

USA

REINSTATEMENT

03

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

11/04/02

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

LINDA CARDINALE

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

17281 SHELBY LANE

Suite, Apt. #, Etc.

City

N. FT. MYERS

State

FL

Zip Code

33917

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

Linda Cardinale
REGISTERED AGENT MUST SIGN

Date

11/20/03

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
P	LINDA CARDINALE	17281 SHELBY LA.	N. FT. MYERS, FL 33917
VP	ELIZABETH A. GILBERT	1115 S.W. 16 TH TERRACE	CAPE CORAL, FL 33991
D	JOHN MAYER	1506 NE 13 TH TERRACE	CAPE CORAL, FL 33909

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)(f), 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:

Linda Cardinale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/24/03

Daytime Phone #

239-943-8231