

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 OCT 17 AM 8:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N02000009015

1. Corporation Name

A SECOND CHANCE FOR OUR FURRY FRIENDS, INC.

Principal Place of Business

Mailing Address

7505 W TREASURE DR
N BAY VILLAGE FL 33141

7505 W TREASURE DR
N BAY VILLAGE FL 33141



REINSTATEMENT

03

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

7601 East Treasure Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

North Bay Village FL

Zip

Country

Zip

Country

33141

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/2002

5. FEI Number

03-0489671

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MARQUET, BARBARA	7505 W TREASURE DR	N BAY VILLAGE FL 33141
TD	LIMA, SOPHIA	7505 W TREASURE DR	N BAY VILLAGE FL 33141
SD	CHAPARRO, ANA	7548 BUCCANEER AVENUE	NORTH BAY VILLAGE FL 33141

000023915970
10/17/03--01092--002 **61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARQUET, BARBARA
7505 W TREASURE DR
N BAY VILLAGE FL 33141

Name

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

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/03

Daytime Phone #

CR2E040 (7/03)

A Second Chance for our Furry Friends, Inc.

7601 East Treasure Drive CU#9

North Bay Village, FL 33141

Tel: (305) 864-3544

Fax: (305) 864-8598

October 13, 2003

Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

Dear Representative,

I just received this notice of dissolution and immediately called to find out what we can do to reinstate our company. Please be advised that this is the only form we received regarding the annual filing fee. We are a very small corporation that works with a few dedicated volunteers to help collect donations to save dogs and cats that end up on death row at the county animal control center.

We have very limited funds and this reinstatement fee is so excessive for us. Please consider accepting the original filing amount of \$61.25. Now that I know of this annual fee, I will be sure to look for it and pay it on time next year.

Respectfully submitted,



Sophia Lima
Treasurer