

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000008585

FILED
Oct 07, 2004
Secretary of State**Entity Name:** FLORIDA NO MORE HOMELESS PETS ASSOCIATION, INC.**Current Principal Place of Business:**3625 8TH AVE. N.
ST. PETERSBURG, FL 33713**New Principal Place of Business:****Current Mailing Address:**3625 8TH AVE. N.
ST. PETERSBURG, FL 33713**New Mailing Address:****FEI Number:** **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: GISONDI, JAMES
Address: 3625 8TH AVE. N.
City-St-Zip: ST. PETERSBURG, FL 33713**Title:** STD () Delete
Name: INGLESBY, SHELAGH
Address: 3625 8TH AVE. N.
City-St-Zip: ST. PETERSBURG, FL 33713**Title:** VD () Delete
Name: BORRES, PAMELA
Address: 3625 8TH AVE. N.
City-St-Zip: ST. PETERSBURG, FL 33713**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VD (X) Change () Addition
Name: HANSEN, LINDA A
Address: 3625 8TH AVE. N.
City-St-Zip: ST. PETERSBURG, FL 33713

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELAGH INGLESBY

STD

10/07/2004

Electronic Signature of Signing Officer or Director

Date