

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000003258

FILED
Oct 30, 2006
Secretary of State

Entity Name: SANCTUARY ANIMAL REFUGE, INC.

Current Principal Place of Business:

210 N PALOMINO ST
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

210 N PALOMINO ST
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 20-0957728 FEI Number Applied For () FEI Number Not Applicable () 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:

Name and Address of New Registered Agent:

DORSEY, PALENA
210 N PALOMINO ST
CLEWISTON, FL 33440 US

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: PALENA R. DORSEY

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: DORSEY, PALENA
Address: 210 N. PALOMENO STREET
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: DORSEY, JOSEPH
Address: 210 N. PALOMENO STREET
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: STEPHENS, AMBER
Address: 1277 POTOMAC VISTA DRIVE
City-St-Zip: WOODBRIDGE, VA 22191

Title: D () Delete
Name: DORSEY, JOSEPH A.
Address: 1327 NANTLEY WAY
City-St-Zip: FOLSOM, CA 95630

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PALENA R. DORSEY

ED

10/30/2006

Electronic Signature of Signing Officer or Director

Date