

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N04000005062</b> 1. Entity Name <b>GOD'S CREATURES GREAT &amp; SMALL-RESCUE MISSION, INC.</b>				<b>FILED</b> 05 OCT 24 PM 5:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>10629 ANDERSON LANE LAKE WORTH, FL 33467</b>		Mailing Address <b>10629 ANDERSON LANE LAKE WORTH, FL 33467</b>		 <b>REINSTATEMENT 2005</b>	
<i>Same as above</i> 2. Principal Place of Business <b>10629 Anderson Ln</b> Suite, Apt. #, etc.		<i>Same as above</i> 3. Mailing Address <b>10629 Anderson Ln</b> Suite, Apt. #, etc.			
City & State <b>Lake Worth, FL.</b> Zip <b>33467</b> Country <b>U.S.A.</b>		City & State <b>Lake Worth, FL.</b> Zip <b>33467</b> Country <b>U.S.A.</b>			
4. FEI Number <b>13-4282209</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>SCOTT, W. THORNTON ESQ. 2600 N.E. 14TH STREET CAUSEWAY POMPAHO BEACH, FL 33062</b>	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$230.25</b> After January 1, 2006, Fee will be \$207.50		Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OEST, ULLA H 2801 N.E. 7TH STREET POMPAHO BEACH, FL 33062	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000060898820</b> <b>10/24/05--01061--024 **61.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FIELDS, STANLEY 3600 OCEAN DRIVE, APT. 10B FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILRAD, BENILDA 2011 N.W. 35TH TERRACE COCONUT CREEK, FL 33066	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OEST, RONALD 2801 N.E. 7TH STREET POMPAHO BEACH, FL 33062	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: Ulla Oest</b> <b>9/15/05</b> <b>561-357-8662</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

LAW OFFICES  
**MACLEAN AND EMA**

FREDERICK R. MACLEAN  
ANNE B. MACLEAN  
CHRISTOPHER J. EMA  
W. THORNTON SCOTT\*  
VICTORIA L. COOK  
ROBERT G. MINNICH\*\*

2600 N.E. 14th Street Causeway  
Pompano Beach, Florida 33062  
Telephone (954) 785-1900  
Telefax (954) 942-1006 Trust and Estate  
Telefax (954) 942-9146 Real Estate

OF COUNSEL  
J. ALAN COX  
TALLAHASSEE, FL

OF COUNSEL  
ROBERT M. ARLEN  
BOARD CERTIFIED  
TAX ATTORNEY  
DELRAY BEACH, FL

OF COUNSEL  
LOUIS J. DEREUIL  
BOARD CERTIFIED  
TAX ATTORNEY

\* ALSO ADMITTED IN KENTUCKY  
\*\* ALSO ADMITTED IN PENNSYLVANIA

October 20, 2005

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: God's Creatures Great & Small-Rescue  
Mission, Inc. – FEI: 13-4282209

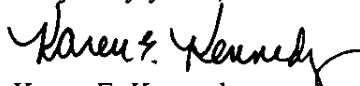
Gentlemen:

Enclosed please find a completed 2005 Not-For-Profit Corporation Reinstatement form for God's Creatures Great & Small-Rescue Mission, Inc., and a check in the amount of \$61.25 as the filing fee.

Mrs. Oest, President, never received a reminder card from the Division of Corporations, therefore, we would request that any late fee be waived.

Should you have any questions regarding this transmittal, please do not hesitate to contact our office.

Very truly yours,



Karen E. Kennedy  
Legal Assistant

/kek

Enclosures as noted.

cc: Mrs. Ulla H. Oest