


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NO 4000009050**

1. Corporation Name
HUMANE SOCIETY of Florida, INC

2. Principal Office Address - No P.O. Box #
452 Pleasant Grove Rd

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State
INVERNESS, FL

City & State
Inverness FL

Zip Country
34452 USA

Zip Country
34452 USA

FILED

2011 APR -5 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (1/10)

4. Date Incorporated or Qualified To Do Business in Florida
9/21/04

5. FEI Number
20-1636853

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
JEANNETTE M HAAG

Street Address (P.O. Box Number is Not Acceptable)
452 Pleasant Grove Rd

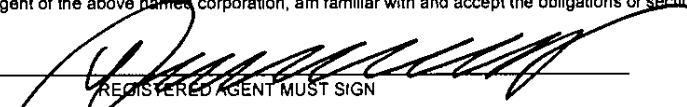
Suite, Apt. #, Etc.

City State Zip Code
Inverness FL 34452

900297607919

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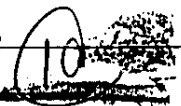
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date **3/30/2017**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

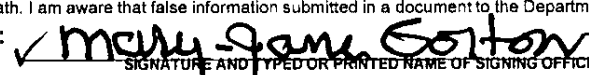
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Att/D	Michael C. GORTON	452 Pleasant Grove Rd.	Inverness, FL 34452
S/D	MARY JANE GORTON	452 Pleasant Grove Rd.	Inverness, FL 34452
D	Margaret GOTZ	452 Pleasant Grove Rd.	Inverness, FL 34452

REINSTATEMENT 

2014-2017

10. E-mail Address: **jmhaag@tampabay.rr.com**
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:  **3/30/17 (352) 726-0901**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone