

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 DEC -6 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700112903537
12/06/07--01050--003 **297.50

REINSTATEMENT

DOCUMENT # **N05000000694**

1. Corporation Name

The Friends of the Cougar, Inc.

2. Principal Office Address - No P.O. Box #

6701 Church Street

Suite, Apt. #, etc.

City & State

Jupiter, FL

Zip

33458

Country

USA

3. Mailing Office Address

P.O. Box 7064

Suite, Apt. #, etc.

City & State

Jupiter, FL

Zip

33468

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/21/2005

5. FEI Number

20-232703

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

Connie Santory Debbie Weeks

Street Address (P.O. Box Number is Not Acceptable)

6490 Wood Lake Rd.

Suite, Apt. #, Etc.

19549 Trails End Terrace

City

Jupiter

State
FL

Zip Code

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Debbie Weeks

Date

12/01/07

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
P	Terri Taylor	320 Tegusta Dr.	Jupiter, FL 33458
VP	Car Whitehurst	19810 Loxahatchee Rd.	Jupiter, FL 33458
Sec/Tx.	Connie Santory	6490 Wood Lake Rd.	Jupiter, FL 33458
D	Debra B. Weeks	19549 Trails End Terrace	Jupiter, FL 33458

10. 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 contained in Chapter 119, 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:

Debbie Weeks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/01/07

Daytime Phone #

561-748-2151