PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILED 09 DEC 14 AMII: 58					
DOCUMENT # N05000003616 1. Corporation Name							ALLAHASSEE FLORIDA					
		e Sanctuar meowners A	REINSTATEMENT									
wbq-507/4 2. Principal Office Address - No P.O. Box# 3. Mailing Office Address							16/17/	.naoreo:	1010	季季 <u>1</u> 0	ತ.13 ~	
194 La Suite, Apt. #	aurel Pa	194 Lat Suite, Apt. #, etc	aurel Park Court etc.			CR2E081 (11/09)						
City & State City & Sta							4. Date Incorporated or Qualified To Do Business in Florida 02-14-2006					
			*	Winter Park, Florida				5. FEI Number Applied For				
Zip				Zip Country			25-1916434 Not Applicable					
327	92	Seminole	32792		Semi	nole	CERTIFICATE	OF STATUS DESI	RED for	Addition (onal Fee required ficate of Status	
	7.	Name and Address of	Current Registe	red Agen	t			,				
Name Michel A. Beaudoin							☑ 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					
Street Address (P.O. Box Number is Not Acceptable) 210 Laurel Park Court												
Suite, Apt. #, Etc.												
City W	inter Pa	State Zip Code FL 32792				waived.						
8. I, being Signature of Registered /	11:1	istered agent of the abov	Ve named corporate	otigations of section		17.0503, F.S. -12-(o9					
9. Names	and Street Addres	sses of Each Officer and	i/or Director (Floric	da nonpro	fit corporation	s must list at le	ast 3 directors)					
Titles	Name of Officers and/or Directors					Address of Each and/or Director		City / State / Zip				
Pres.	Sylvia M. Bishop			219 Laurel Park Cour			Court	Winter	Park,	FL	32792	
Tres.	Michel A. Beaudoin			210 Laurel Park Cou			Court	Winter	Park,	FL	32792	
V.P.	Barbara J. Bishop			213 Laurel Park Cou			Court	Winter	Park,	FL	32792	
Scret.	Annie Figueroa			207 Laurel Park Cou			Court	Winter	Park,	FL	32792	
												
40. –						······································						
^{IO.} E-ma	iil Address <u>:</u>	mikebe	eaudoin@			troger leunna eru	notification)					
this reins	istatement application	r or director or the receiv ion, the reason for dissol ave been paid. I further o	lution has been eli	owered to iminated, t	execute this a	application as p	provided for in chap the requirements o	of section 607.04	01 or 617.040°	1, F.S., t	that all fees	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR