

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000010837

FILED
Dec 19, 2006
Secretary of State

Entity Name: MAN'S BEST FRIEND - RESCUE AND RECOVERY INC.

Current Principal Place of Business:

4551 GUNN HIGHWAY
TAMPA, FL 33624

New Principal Place of Business:

25830 BLOOMSBURY CT.
LAND O' LAKES, FL 34639

Current Mailing Address:

4551 GUNN HIGHWAY
TAMPA, FL 33624

New Mailing Address:

25830 BLOOMSBURY CT.
LAND O' LAKES, FL 34639

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
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:

MCNULTY, GAIL E
4551 GUNN HIGHWAY
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

MCNULTY, GAIL E
25830 BLOOMSBURY CT.
LAND O' LAKES, FL 34639 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: GAIL E. MCNULTY

12/19/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCNULTY, GAIL E
Address: 4551 GUNN HIGHWAY
City-St-Zip: TAMPA, FL 33624

Title: VP (X) Delete
Name: ANTHONY, HOELLERER
Address: 4551 GUNN HIGHWAY
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCNULTY, GAIL E
Address: 25830 BLOOMSBURY CT.
City-St-Zip: LAND O' LAKES, FL 34639

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: GAIL E. MCNULTY

PRES

12/19/2006

Electronic Signature of Signing Officer or Director

Date