

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 SEP 30 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N05000011460

1. Corporation Name

KAT5 ANIMAL RESCUE, INC.

600161182206  
09/30/09--01035--002 \*\*131.25

2. Principal Office Address - No P.O. Box #  
15955 N FLORIDA AVENUE

3. Mailing Office Address  
15955 N FLORIDA AVENUE

REINSTATEMENT 08-09

Suite, Apt. #, etc.  
101

Suite, Apt. #, etc.  
101

City & State  
LUTZ FL

City & State  
LUTZ FL

Zip  
33549-8103

Country  
USA

Zip  
33549-8103

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 11/10/2005

5. FEI Number  
204982286

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  
FOWLER WHITE BOGGS P. A.

Street Address (P.O. Box Number is Not Acceptable)  
c/o MITCHELL I. HOROWITZ

Suite, Apt. #, Etc.  
501 E. KENNEDY BLVD. SUITE 1700

City  
TAMPA

State  
FL

Zip Code  
33602

☒ 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

*Mitchell I. Horowitz*  
REGISTERED AGENT MUST SIGN

Date 9/28/09

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
PD	ROBERTS, LAWRENCE A JR	1396 HUGH STOWERS ROAD	DAWSONVILLE GA 30534-6132
VD	MEYER, SUSAN	2707 COLE AVENUE #704	DALLAS TX 75204
STD	ROBERTS, KIMERY	PO BOX 823	WAUCHULA FL 33873

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: *Lawrence A. Roberts, Jr.*

LAWRENCE A. ROBERTS, JR

9/28/2009

(404) 408-0442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

209/30