

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000006062

**FILED**  
**Oct 05, 2008**  
**Secretary of State**

**Entity Name:** LITTLE CRITTERS WILDLIFE REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

2409 HOMESTRETCH AVE  
LORIDA, FL 33857

**New Principal Place of Business:**

**Current Mailing Address:**

2409 HOMESTRETCH AVE  
LORIDA, FL 33857

**New Mailing Address:**

**FEI Number:** 20-4988385

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DOSIL, TERI  
2409 HOMESTRETCH AVE  
LORIDA, FL 33857 US

**Name and Address of New Registered Agent:**

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: TERI DOSIL

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: DOSIL, TERI  
Address: 2409 HOMESTRETCH AVE  
City-St-Zip: LORIDA, FL 33857

Title: VP ( ) Delete  
Name: DOSIL, JOSE  
Address: 2409 HOMESTRETCH AVE  
City-St-Zip: LORIDA, FL 33857

Title: SEC ( ) Delete  
Name: BRACEWELL, ELLEN  
Address: 2316 GEM STONE AVE  
City-St-Zip: LORIDA, FL 33857

Title: TREA ( ) Delete  
Name: HARTZOG, BARBARA  
Address: 2408 HOMESTRETCH AVE  
City-St-Zip: LORIDA, FL 33857

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TERI DOSIL

P/D

10/05/2008

Electronic Signature of Signing Officer or Director

Date