

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2008 SEP 18 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000007165

1. Entity Name
ADOPT A VILLAGE INC.



Principal Place of Business 315 N. COLLINS ST. 1005 SANDALWOOD DR PLANT CITY, FL 33563
Mailing Address 315 N. COLLINS ST. 1005 SANDALWOOD DR PLANT CITY, FL 33563



2. Principal Place of Business - No P.O. Box # 1005 SANDALWOOD DR
Suite, Apt. #, etc.
3. Mailing Address PO BOX 3535
Suite, Apt. #, etc.

05212008 REIN-NP CR2E099 (1/07)

City & State Plant City, Florida
Zip 33563 Country Hillsborough
City & State Plant City, Florida
Zip 33563 Country Hillsborough

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MULL, MARY B
1005 SANDALWOOD DR.
PLANT CITY, FL 33563

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	ED	<input type="checkbox"/> Delete
NAME	MULL, THOMAS G	
STREET ADDRESS	215 N. COLLINS ST.	
CITY-ST-ZIP	PLANT CITY, FL 33563	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIGANEK, MARY E	
STREET ADDRESS	315 N. COLLINS ST.	
CITY-ST-ZIP	PLANT CITY, FL 33563	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULL, RICHARD D	
STREET ADDRESS	315 N. COLLINS ST.	
CITY-ST-ZIP	PLANT CITY, FL 33563	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1005 SANDALWOOD DRIVE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000136348600	
CITY-ST-ZIP	09/25/08--01058--006 **122.50	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2147 LEONARD DRIVE	
CITY-ST-ZIP	SEAFORD, FL 33583	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas G. Mull 9/16/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #