## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT  | Secretar                  | RTMENT OF STATE<br>iry of State<br>corporations   |                       | nivision of the Aresto  |  |
|--|---------------------------|---|-----------------------|---|--|
| DOCUMENT # N 06 000008242  1. Corporation Name   |                           |   |                       |   |  |
| US ANIMAL WELFARE SOCIETY TIK  |                           |   |                       | وسن وسن وسن وسن وسن مستو وسن مستو   |  |
| 2, Principal Office Address - No P.O. Box#   | Mailing Office Address    |   | - <sub>07</sub> 77    | 1 <b>00183563389</b><br>22/1001037002 **358.75                            |  |
| 13727 SW 152 5T  | SAME                      |   |                       |   |  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc        |   | 1                     | CR2E081 (4/10)  |  |
| # 101  |                           |   |                       | porated or Qualified 8/4/2006   |  |
| City & State  MIAMI FLORINA  | City & State              | 5. FEI Number                                     |                       | Applied For   |  |
| MIAMI, FLORIDA  Zip Country  | Zıp                       | Country   | 6.                    | - 9 4 9 5 0 7 0   Not Applicable  |  |
| 33177 USA  |                           | -   | CERTIFICATE           | \$8.75 Additional Fee required for a Certificate of Status                |  |
| 7. Name and Address of Current Registered Agent  |                           |   | F                     | PROFIT CORPORATIONS ONLY  |  |
| DEBORAH JORBA  | 21 - PRE                  | 5115 NT   | ☐The \$60             | 00.00 reinstatement fee is imposed,                                       |  |
| Street Address (P.O. Box Number is Not Acceptable  | 1)                        | 0 /// 1-/   |                       | in circumstances which the entity did eive the prior notices. By checking |  |
| 13727 SW 152<br>Suite, Apt. #, Etc.  | 57 7/01                   |   | this box              | x, you are certifying the prior s were not received and requesting        |  |
|  |                           |   |                       | nstatement fee be waived.   |  |
| City MiAMI   |                           | State Zip Code FL 33177                           |                       |   |  |
| 8. I, being appointed the registered agent of the abo  | ive named corporation, am | familiar with and accept the o                    | bligations of section | on 607.0505 or 617.0503, F.S.   |  |
| Signature of Registered Agent REGISTERED AGENT MUST SIGN   |                           |   |                       | Date 7/20/10  |  |
| Names and Street Addresses of Each Officer and   |                           |   | naet 3 directors)     |   |  |
| Titles Officers and/or Directors   |                           | Street Address of Each<br>Officer and/or Director | h                     | City / State / Zip  |  |
| PRES. DEBCRAHL. JORDAN   |                           | 13727 5W152 57                                    |                       | MIAMI FL 33177  |  |
| VP-D ELIZABETH A. JORDAN 6996 BITTERBYSH PLACE BOYLEN BEACH, FE 33472  |                           |   |                       |   |  |
| D. YANAY BINE  | RO 142.                   | 30 SW 176 TO                                      | ERK                   | MIAMI FZ 33177  |  |
| ,  |                           | <del></del>                                       | <del></del>           |   |  |
| REINSTATEMENT 05-10  |                           |   |                       |   |  |
|  |                           |   |                       |   |  |
| 10. E-mail Address: jord 2200 @ bellsouth. Net  (To be used for future annual report notification)   |                           |   |                       |   |  |
| 11. 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 filting this reinstalement 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. I further certify, the information indicated on this application is true and accurate, and my signature, shall have the same legal effect |                           |   |                       |   |  |
| as if made under contr.  SIGNATURE: 1000 00 305-796-6764   |                           |   |                       |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  |                           |   |                       |   |  |