

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT




FILED

2008 JUN 26 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06112008 REIN-NP CR2E099 (1/07)

DOCUMENT # N06000011036					
1. Entity Name ISLAND FELINE RESCUE & SANCTUARY, INC.					
Principal Place of Business 7810 PATTI DRIVE A & B MERRITT ISLAND, FL 32953			Mailing Address 7810 PATTI DRIVE A & B MERRITT ISLAND, FL 32953		
2. Principal Place of Business - No P.O. Box # 7810 PATTI DRIVE Suite, Apt. #, etc. A & B City & State MERRITT ISLAND FL Zip 32953 Country BAHAMA		3. Mailing Address 954 TAMARIND CIR Suite, Apt. #, etc. C/O K. KRAFT City & State ROCKLEDGE FL Zip 32955 Country FLORIDA		4. FEI Number 20-5754752 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent LOTHROP, LINDA J 7810 PATTI DRIVE MERRITT ISLAND, FL 32953			7. Name and Address of New Registered Agent Name KATHLEEN W KRAFT Street Address (P.O. Box Number is Not Acceptable) 954 TAMARIND CIR City ROCKLEDGE FL Zip Code 32955		
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  KATHLEEN W KRAFT 6/17/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/TR LOTHROP, LINDA J 7810 PATTI DRIVE MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER KATHLEEN W KRAFT 954 TAMARIND CIR ROCKLEDGE, FL 32955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLOWSKI, LISA 7810 PATTI DRIVE MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARIANNE LAZARUS 700 TROTTER LA #205 MELBOURNE, FL 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC WINTERS, EARL W 7810 PATTI DRIVE MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500131808515 06/27/08--01003--012 **306.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 07-08	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  KATHLEEN W KRAFT 6/17/08 321-633-7509 Signature and typed or printed name of signing officer or director Date Daytime Phone #					

Flowers