

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 DEC 29 AM 10:35

DOCUMENT # NO6000012200

1. Corporation Name

Cotsa Love Pet Rescue & Adoptions, Inc.

jc 12/30

300189098503
12/29/10--01033--014 **297.50

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #

870 N. Jerico Dr.

3. Mailing Office Address

870 N. Jerico Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Casselberry, FL

City & State

Casselberry, FL

Zip

Country

32707

Seminole

Zip

Country

32707

Seminole

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

83-0469375

☐ 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

Parrett, Linda

Street Address (P.O. Box Number is Not Acceptable)

870 N. Jerico Dr.

Suite, Apt. #, Etc.

City

Casselberry, FL

State

FL

Zip Code

32707

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

[Signature]

REGISTERED AGENT MUST SIGN

407-699-1416

Date

12/27/10

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 |
|--------|--------------------------------------|---|-----------------------|
| P | Parrett, Linda | 870 N. Jerico Dr. | Casselberry, FL 32707 |
| VC | Tumminia, John | 2631 Sunny Side Cr. | Palm Harbor, FL 34684 |
| T | Akers, Lois | 13545 Guild Hall Cr. | Orlando, FL 32828 |
| S | Kennedy, Lori | 300 Sheoah Blvd #16 | Winter Springs, FL |
| | | | |
| | | | |

10. E-mail Address: Please mail All Correspondance to 870 N. Jerico Thankyou

(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 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, 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 oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/27/10

Daytime Phone #

(407)

699-1416