
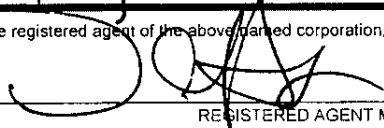
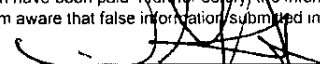


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 11 MAR 10 PM 3:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 108.000003092					
1. Corporation Name Ben's Place Animal Rescue and Care Adoption Center, Inc.					
2. Principal Office Address - Not P.O. Box # 1211 Sam Aved Rd			3. Mailing Office Address 1211 Sam Aved Rd		
Suite, Apt. #, etc. _____			Suite, Apt. #, etc. _____		
City & State Bonifay, FL			City & State Bonifay, FL		
Zip 32425		Country U.S.A.		Zip 32425	
Country USA		4. Date Incorporated or Qualified To Do Business in Florida 3/28/2008			
5. FEI Number 08-0647704				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Wilfredo E. Morales					
Street Address (P.O. Box Number is Not Acceptable) 1211 Sam Aved Rd					
Suite, Apt. #, Etc. _____					
City Bonifay				State FL	
Zip Code 32425				03/10	
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 				Date 3/7/11	
REGISTERED AGENT MUST SIGN					
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		
Pres	Wilfredo E. Morales	1211 Sam Aved Rd	Bonifay, FL / 32425		
Sec	Carl Brown	43 NW 45th Ave	Highland Beach, FL 33442		
Treas	Gloria Everett	853 Orange Hill Rd	Chipley, FL 32428		
Other					
Other					
Other					
10. E-mail Address: mora6067@bellsouth.net <small>(To be used for future annual report notification)</small>					
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., and that all fees owed by the corporation have been paid. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
SIGNATURE: 				Date 3/7/11	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR WILFREDO E. MORALES				Daytime Phone # 850-263-7693	