

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N11000010874

**FILED**  
**Jun 03, 2013**  
**Secretary of State**

**Entity Name:** SASHA SAVES STRAYS INC.

**Current Principal Place of Business:**

4155 SW 66 LN  
DAVIE, FL 33314 US

**New Principal Place of Business:**

**Current Mailing Address:**

4155 SW 66 LN  
DAVIE, FL 33314 US

**New Mailing Address:**

**FEI Number:** 45-3930313

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FOWLER, SHAREE  
4155 SW 66 LN  
DAVIE, FL 33314 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** SHAREE FOWLER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** FOWLER, SHAREE  
**Address:** 4155 SW 66 LN  
**City-St-Zip:** DAVIE, FL 33314 US

**Title:** D  
**Name:** PETERS, JEFFREY  
**Address:** 4155 SW 66 LN  
**City-St-Zip:** DAVIE, FL 33314

**Title:** D  
**Name:** ARBOS, CAITLIN M  
**Address:** 11700 NW 40 PL  
**City-St-Zip:** SUNRISE, FL 33323 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** SHAREE FOWLER

D

06/03/2013

Electronic Signature of Signing Officer or Director

Date