

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 JUL 28 AM 8:40

STATE OF FLORIDA
HASSOFF FLORIDA

DOCUMENT # N 13000002211 *MM*

1. Corporation Name

HEAVENS GATE ANIMAL SANCTUARY INC

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

1005 SOUTH N STREET

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33460

Country

PALM BEACH

3. Mailing Office Address

1005 SOUTH N STREET

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33460

Country

PALM BEACH

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business In Florida

3-15-13

5. FEI Number

46-2230149

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MAUREEN GEDRICH

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

1005 SOUTH N STREET

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33460

300275465783

08/04/15--01018--029 **\$1.25

300275465783

07/28/15--01004--004 **\$253.75

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

Maureen Gedrich

REGISTERED AGENT MUST SIGN

Date 7-20-15

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
Treas	JOEL STEPHENS	1801 LAS CASAS ROAD	BOCA RATON, FL 33486
Sec	JON LOPEZ	5361 31 AVENUE	ST PETERSBURG FL 33710
			S. HAWKES
			AUG 6 - AM.
			EXAMINER

REINSTATEMENT

2014-2015

10. E-mail Address: ILOVECATS@NETZERO.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 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. 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. 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: MAUREEN GEDRICH

Maureen Gedrich

7-15-13

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #