

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 11 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N19574

1. Corporation Name

PROTECTION OF ANIMAL WELFARE
SOCIETY, INC. (PAWS)

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

3706 WEST GULF DR

Suite, Apt. #, etc.

3. Mailing Office Address

SAME AS #2

Suite, Apt. #, etc.

City & State

SANIBEL FL

City & State

Zip

33957

Country

LEE

Zip

Country

500180671375
05/17/10--01005--015 **490.00

REINSTATEMENT (0) 06-10

4. Date Incorporated or Qualified
To Do Business in Florida

03/06/1987

5. FEI Number

65-0037174

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 PAMELA D. SULLIVAN

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

3706 WEST GULF DRIVE

Suite, Apt. #, Etc.

City SANIBEL

State FL

Zip Code 33957

PROFIT CORPORATIONS ONLY

☐ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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

Pamela D. Sullivan

REGISTERED AGENT MUST SIGN

Date 05/05/2010

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	PAMELA D. SULLIVAN	3706 WEST GULF DR	SANIBEL, FL 33957
V	HOLLY DAVIES	P.O. Box 1171	SANIBEL, FL 33957
T	KATHY BOONE	12334 BARRINGTON CT	FT MYERS, FL 33908
S	DIANE BARR	1631 SANDCASTLE RD	SANIBEL, FL 33957

10. E-mail Address: sanibelcat@embargo@mail.com

(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:

Pamela D. Sullivan

05/05/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #