

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N42680**

1. Corporation Name

**THE JEANETTE MCCORMACK REFUGE, INC.**

Principal Place of Business

Mailing Address

8957 NORTH ELIZABETH AVENUE  
PALM BEACH GARDENS FL 33418

8957 NORTH ELIZABETH AVENUE  
PALM BEACH GARDENS FL 33418

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #: etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

*80*

4. Date Incorporated or Qualified To Do Business in Florida

03/22/1991

5. FEI Number

65-0338320

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MCCAUGHEY, JUAN	8843 N. ELIZABETH AVE.	PALM BEACH GARD. FL 33418
SD	RHODES, SEAN	253 COSTELLO ROAD	WEST PALM BEACH FL 33405
TD	SANDER, JOANNA M.	8957 N. ELIZABETH AVE.	PALM BEACH GARDENS FL 33418

100003492541--1  
-12/11/00-01002-008  
\*\*\*236.25 \*\*\*236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SANDER, JOANNA MCCORMACK  
8957 NORTH ELIZABETH AVENUE  
PALM BEACH GARDENS FL 33418

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Joanna McCormack Sander*  
REGISTERED AGENT MUST SIGN

Date

11/23/2000

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**KE**

SIGNATURE:

*Joanna McCormack Sander* 11/23/00 622-7537  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)

