

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

Handwritten initials

FILED
 00 NOV 29 PM 12: 06
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



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

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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

Handwritten signature of 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:

Handwritten signature of Joanna McCormack Sander

Date

Daytime Phone #

11/23/00 622-7537

CR2E040 (8/00)