

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 12 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 93000001459

1. Corporation Name

SAVE OUR CATS & KITTENS

500162765815
11/12/09--01037--018 **122.50

REINSTATEMENT 08-09
CR2E081 (10/09)

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

498 CARMEL DR

3. Mailing Office Address

P.O. BOX 5293

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. WALTON BCH FL

City & State

NICEVILLE FL

Zip

32547

Country

USA

Zip

32578

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/1993

5. FEI Number

593184216

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

SARA R DEMONBRUN

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

821 HOLBROOK CR

Suite, Apt. #, Etc.

City

FT. WALTON BEACH

State

FL

Zip Code

32547



The 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 section 617.0503, F.S.

Signature of
Registered Agent

Sara R. Demonbrun

REGISTERED AGENT MUST SIGN

Date

11-7-09

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
PR	NANCY KENASTON	24 NEPTUNE DR	MARY ESTHER FL 32569
TR	CECIL DEMONBRUN	821 HOLBROOK CR	FT. WALTON BCH, FL 32548
SEC	YVONNE RIGGS	209 PILGRIM AV	FT. WALTON BCH, FL 32547
VP	JERRY MELVIN	840 SANTA ROSA CT	FT. WALTON BCH, FL 32548
2nd VP	ED DANIEL	11 SOUTHWIND CT	NICEVILLE, FL 32578
DIR	KAT ORLOWSKI	2580 TURKEY CREEK DR	NAVARRE, FL 32566

10. E-mail Address: CDEMONBRUN@COX.NET

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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:

Cecil T. Demonbrun CECIL T. DEMONBRUN, TREAS

Date

11-7-09

Daytime Phone:

850 368-3682