


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION RESTATEMENT</b> 		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Jim Smith</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> N93 00000 3267			
<b>1. Corporation Name</b> <div style="font-size: 1.2em; font-family: cursive;">Animal Lifeline, Inc.</div>			
<b>2. Principal Office Address</b> 5300 NW 33rd Ave Suite, Apt. #, etc. Suite 200 City & State Ft. Lauderdale Zip FL Country 33309		<b>3. Mailing Office Address</b> Same Suite, Apt. #, etc. City & State Zip Country	
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 7/93		<b>5. FEI Number</b> 65-0427687 <div style="float: right; text-align: right;"><small>Applied For Not Applicable</small></div>	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Name and Address of Current Registered Agent</b>			
Name <div style="font-size: 1.2em; font-family: cursive;">Pamela J. Richardson</div>			
Street Address (P.O. Box Number is Not Acceptable) 5300 NW 33rd Ave.			
Suite, Apt. #, Etc. Suite 200			
City Ft. Lauderdale		State FL	Zip Code 33309
<b>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.</b>			
Signature of Registered Agent <div style="font-size: 1.2em; font-family: cursive;">Pamela J. Richardson</div>		Date 12/12/02	
<small>REGISTERED AGENT MUST SIGN</small>			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Daniel J. Richardson	5300 NW 33 Ave # 200	Ft. Lauderdale FL 33309
V.P.	Marjorie B. Kelly	953 SW 17th Ave	Pembroke Pines FL 33029
Secy.	Pamela J. Richardson	5300 NW 33 Ave # 200	Ft. Lauderdale FL 33309
Dir.	Warren Goff	5300 NW 33 Ave # 200	Ft. Lauderdale FL 33309
<b>10. 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.</b>			
<b>SIGNATURE:</b> <div style="font-size: 1.2em; font-family: cursive;">Pamela J. Richardson, Secy.</div>		Date 12/12/02	Daytime Phone # 954 484 5478
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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