

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 JAN 27 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 94000001114

1. Corporation Name

FLORIDA ANIMAL LEAGUE, INC.

Principal Place of Business

Mailing Address

1950 44th Ave
Vero Beach FL
32966

Same

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

1950 44th Ave

Suite, Apt. #, etc.

Vero Beach FL

City & State

Zip

32966

Country

Indian River

3. New Mailing Address, If Applicable

1950 44th Ave

Suite, Apt. #, etc.

City & State

Vero Beach FL

Zip

32966

Country

Indian River

4. Date Incorporated or Qualified
To Do Business in Florida

2/28/94

5. FEI Number

593225738

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	David Winnett	11360 W Broadstream	St Cloud FL 34773
SD	Stone Winnett	11360 W Broadstream	St Cloud FL 34773
TD	Heather Randolph	516 E Lincoln Ave	Melbourne FL 32901
			600002073116--6 -01/29/97--01096--003 ****236.25 ****236.25

REINSTATEMENT 1996

8. Name and Address of Current Registered Agent

Vickie Burden
142 N Indian Creek
Cocoa FL 32922

9. Name and Address of New Registered Agent

Name: Stone Winnett
Street Address (P.O. Box Number is Not Acceptable):
1950 44th Ave
Suite, Apt. #, Etc.:
City: Vero Beach
State: FL
Zip Code: 32966

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:

[Signature]

REGISTERED AGENT MUST SIGN

Date: 1-6-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

[Signature] Stone L. Winnett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-6-97
561 567 3070

Daytime Phone #

CR2E040 (12/95)