

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000001399		01 DEC 10 PM 3:19	
1. Corporation Name REFUGE PINELLAS, INC.		09-18-01 90009 003 \$70.00	
Principal Place of Business 157 3RD STREET NORTH SAINT PETERSBURG FL 33701 US		Mailing Address 4434 6 AVE N ST. PETE FL 33705	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.		4. Date Incorporated or Qualified To Do Business in Florida 03/17/1994	
2. New Principal Office Address, If Applicable 2235 Central Ave Suite, Apt. #, etc. ST. PETE, FL City & State Zip 33713 Country Pinellas		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
5. FEI Number 59-3281311		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$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 3	City / State / Zip 4
D	WRIGHT, BRUCE	4434 6TH AVE N	ST PETERSBURG FL 33713
D	HALL, JACK	300 PARK BLVD	OLDSMAR FL 34877
D	MCCUTCHEN, JOE	7800 N ORLEANS 1543 HWY 1385 E. 336	TAMPA FL 33604 CONYERS, GA. 30013
D	LEBIEUX, ARMAND McCree, Calvin	519 4 AVE S 2901 17th St. N.	ST PETE FL 33701 ST. PETE, FL 33711
D	Thompson, Don	2215 Sunset Drive	Bradenton, FL 34207
D	Miley, Jim	24 Whalen Ave.	Sicklerville, NJ 08081
8. Name and Address of Current Registered Agent WILL, SCOTT 255 CATALAN BLVD NE ST. PETERSBURG FL 33704		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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 <i>Bruce Wright</i> Date 11/12/01 REGISTERED AGENT MUST SIGN			
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. SIGNATURE: <i>Bruce Wright</i> Bruce Wright 12/01/01 727 821-2885 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR20040 (8/01)