

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N94000002365 1. Entity Name FLORIDA YORKIE & MALTESE RESCUE, INC.				 <div style="text-align: right;"> FILED 07 DEC 12 AM 9:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 310 S. RANGE ROAD COCOA, FL 32926-5113				Mailing Address 310 S. RANGE ROAD COCOA, FL 32926-5113	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0486911				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIS, GAYLE L 310 S. RANGE ROAD COCOA, FL 32926-5113				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MC MANUS, MARY B 3791 COLLINWOOD LANE WEST PALM BEACH, FL 33406			<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, GAYLE L 310 S. RANGE ROAD COCOA, FL 329265113			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, BONNIE 13151 SILVER FOX LANE W. PALM BEACH, FL 334187940			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARWOOD, ELIZABETH 2043 RONALD LANE JACKSONVILLE, FL 322165172			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, NANCY 34413 ORCHID PKWY RIDGE MANOR, FL 33523			<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D _____ _____ _____			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Gayle L. Harris</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				6/15/07 <small>Date</small>	
321/693-2002 <small>Daytime Phone #</small>				<i>jc 12/17</i>	