

PLEASE READ ALL INSTRUCTIONS BEFORE COMP

FILED

Nov 05 1996 8:00am
Secretary of State

APPLICATION
FOR
REINSTATEMENT



96/AR
FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005163

1. Corporation Name
FELINE FRIENDS OF SOUTH FLORIDA, INC.

Principal Place of Business Mailing Address
18560 CAROLINA CIRCLE 18560 CAROLINA CIRCLE
BOCA RATON FL 33434 BOCA RATON FL 33434



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/17/1994	
City & State		City & State		5. FEI Number	
Zip		Country		65-0590142	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	LYTER, ANDREA	19560 CAROLINA CIR.	BOCA RATON FL 33434
D	WEBB, ALEXANDRA	7040 N.W. 2ND TERR.	BOCA RATON FL 33487
D	JUNE, THOMAS D	6310 TIMBERLAKES WAY	DELRAY BCH. FL 33484
D	POLICASTRIC, SHARON D	10407 E. BREENWICH CT.	BOCA RATON FL 33428

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*****61.25 *****61.25

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PARMELEE, BERKLEY M 1515 S. FEDERAL HIGHWAY SUITE 300 BOCA RATON FL 33432		Name: <i>Andrea R. Lyter</i> Street Address (P.O. Box Number is Not Acceptable): <i>19560 Carolina Circle</i> Suite, Apt. #, Etc.: City: <i>Boca Raton</i> State: FL Zip Code: <i>33434</i>	

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: *Andrea R. Lyter* Date: *Sept 19, 1996*
REGISTERED AGENT MUST SIGN

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 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: *Andrea R. Lyter (Founder)* Date: *Sept. 19, 1996* (561) 883-0301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Sept 27, 96

Dear Sir

Enclosed please find my check in the amount of \$61.25 along with the reinstatement form for my Charitable organization. I have also enclosed for your perusal a copy of my check book register which I highlighted my original check number amount and date for payment of my annual report. You will note that this payment was made on a timely basis and was mailed in your return envelope with proper postage along with my return address. To this date I have not returned of this envelope nor has the check cleared. I can only assume that this application has been miss placed or lost in the bureaucratic flow of paper work in Tallahassee.

I have been instructed by your department to reissue the enclosed check for reinstatement for my organization.

Thankyou for your attention to this matter and I look forward to receiving document indicating my reinstatement.

Sincerely,

Felise Friends

Andrea Lyle

By Andrea R. Lyle President / Founder