

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **NA4000005580**

1. Corporation Name

All Breed Rescue Coordinating Council, Inc

FILED

97 APR 30 PM 3: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**c/o Sheila Alsbrook
242 Oakhill Rd
Lady Lake, FL 32159**

**2247N Citrus Blvd
Box 202
Leesburg, FL 34748**

REINSTATEMENT 96-97

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

11/09/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

☒ Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Janice L Marden	1109 Oak Drive	Leesburg, FL 34748
V/D	Elva Charletta Morrison	42547 Maggie Jones Rd	Paisley, FL 32767
S/D	Margaret Bartlinski	38941 CR 439	Umatilla, FL 32784
T/D	Mary K Parrish	13301 Mountain View	Clermont, FL 34711
D	Maye F Carter	705 East 12th Ave	Mc Donra, FL 32757
D	Sheila Alsbrook	242 Oakhill Rd	Lady Lake, FL 32159

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Sheila Alsbrook
242 Oakhill Rd
Lady Lake, FL 32159**

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

900002169639-9

05/07/97-01074-004

******297.50 ****297.50**

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date **4/24/97**

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 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:

Mary K Parrish
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97 (407) 356-8465
Date Daytime Phone #