


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 22 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000001874**

1. Corporation Name
CLASSY CATS SOCIETY INC.

Principal Place of Business Mailing Address

4666 28TH AVENUE NORTH 4666 28TH AVENUE NORTH
ST PETERSBURG FL 33713 ST PETERSBURG FL 33713

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



REINSTATEMENT 03

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **04/17/1995**

5. FEI Number Applied For / Not Applicable

59-3317170 Applied For

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P D	MILLIGAN, PATRICIA	8775 58TH LANE NO.	PINELLAS PARK FL 34666
VPD	MCDANIEL, H. KEITH	1732 CLOVER CIRCLE	MELBOURNE FL 32935
SD T S-T-D	KING, ELAINE	4666 28TH AVE. NO.	ST PETERSBURG FL 33713
TD	RECHNITZ, PATRICIA	7742 ARAHIA WAY	LARGO FL 33777

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10/22/03--01010--011 **236.25

8. Name and Address of Current Registered Agent

KING, ELAINE
4666 28TH AVENUE NORTH
ST PETERSBURG FL 33713

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City 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. or 617.0505, F.S.

Signature of Registered Agent *Elaine King* Date Oct 17, 2003

SIGNATURE REQUIRED
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: *Elaine King* **ELAINE KING** Date 10/17/03 Daytime Phone # 727/321-5025

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)