


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # N95000001874

1. Corporation Name

CLASSY CATS SOCIETY INC.

Principal Place of Business

4666 28TH AVENUE NORTH
ST PETERSBURG FL 33713

Mailing Address

4666 28TH AVENUE NORTH
ST PETERSBURG FL 33713

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/17/1995

5. FEI Number

59-3317170

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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 ARAVIA WAY	LARGO FL 33777

100023999041

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

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. or 617.0505, F.S.

Signature of
Registered Agent

Elaine King
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

Oct 17, 2003

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELAINE KING

Date

10/17/03 727/321-5225

Daytime Phone #

CR2E040 (7/03)