236.25 + 8.75 = 245-

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 NOV -6 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800008817248
11/06/02--01018--011 **245.00

DOCUMENT # N95000002200

1. Entity Name
FELINE MANOR, INC.

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
21251 Old State Rd. 4A	3807 Donald Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cudjoe Key, FL	City & State: Key West, FL
Zip: 33042 Country: USA	Zip: 33040 Country: USA

4. FEI Number: 65-0581581 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Lenore Madeleine

Street Address (P.O. Box Number is Not Acceptable): 3807 Donald Avenue

City: Key West FL Zip Code: 33040

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.

SIGNATURE: Lenore Madeleine Lenore Madeleine Treasurer, Secty. & Registered Agent 11/4/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Revised AS of 10/21/02
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P&D Eileen Elkinson 3807 Donald Avenue Key West, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V&D Vicki Snow 2508 Seidenburg Avenue Key West, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T,S,D Lenore Madeleine 3807 Donald Avenue Key West, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard Derrick - D 21251 Old State Road 4A Cudjoe Key, FL 33042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carroll Snow - D 2508 Seidenberg Avenue Key West, FL 33040
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DO NOT WRITE IN THIS SPACE

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CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Eileen Elkinson, President 11/4/02 (305) 295-2466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #