

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



DOCUMENT # N96000006250

1. Corporation Name

FELINE RESCUE LEAGUE, INC.

Principal Place of Business

222 CORAL RD
 ISLAMORADA FL 33036

Mailing Address

222 CORAL RD
 ISLAMORADA FL 33036

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

12/09/1996

5. FEI Number

65-0709213

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)

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
D	SPRIGGS, GLORIA	222 CORAL RD	ISLAMORADA FL 33036
D	MIDDLEMISS, JILL	P O BOX 655 N/A	TAVERNIER FL 33070
D	SPRIGGS, KEVIN	222 CORAL RD	ISLAMORADA FL 33036

A. Allen
 Jan. 15, 1998

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8. Name and Address of Current Registered Agent

THOMES, TIMOTHY N
 99188 OVERSEAS HWY
 SUITE #8
 KEY LARGO FL 33037

9. Name and Address of New Registered Agent

Name **GLORIA SPRIGGS**
 Street Address (P.O. Box Number is Not Acceptable)
222 CORAL Rd.
 Suite, Apt. #, Etc.

City
ISLAMORADA

State
FL

Zip Code
33036

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

Gloria Spriggs

REGISTERED AGENT MUST SIGN

Date

1/13/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

Gloria Spriggs
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/13/98 305-852-9144

Daytime Phone #

CR2040 (8/97)