PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 AM 9:16

DOCUMENT # N 97000000753

1. Corporation Name

ARK ANGELS WILDLIFE RESCUE, INC

REINSTATEMENT 98-01

2. Principal Office Address	**3.** Mailing Office Address
108 PEACE RD	P.O. BOX 2358
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAVERNIER FL	City & State: KEY LARGO, FL
Zip: 33070 Country: USA	Zip: 33037 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/10/1997

5. FEI Number: 650729815 ☐ Applied For ☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: THOMES, TIMOTHY, N., ESQ

Street Address (P.O. Box Number is Not Acceptable): 99198 OVERSEAS HIGHWAY

Suite, Apt. #, Etc.: STE 8

City: KEY LARGO State: FL Zip Code: 33037

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****420.00 ****420.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] esq SHARON ZIEGLER ft JOHN ROGER KEY LARGO 33037 Date: 10/25/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	DETTMAN, KAREN J	108 PEACE RD	TAVERNIER, FL 33070
D	COPPERSMITH, C S	117 GALLEON RD	ISLAMORADA, FL 33036
D	MITCHELL, ELIZABETH	~~139 BUTTONWOOD DR~~ MODEL	~~KEY LARGO, FL 33037~~
D	MATTHEW DETTMAN	136 LOOE	TAVERNIER FL 330 00
D	LOUIS CAPUTO	589 BOYD DR	KEY LARGO FL 3303

10. 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: Karen J Dettmann Oct 24 2001 852 2124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #