

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NA700000102LL

1. Corporation Name

ANIMALS FROM THE ARK HUMANE
SOCIETY INC.

2. Principal Office Address

1103 W Hibiscus

Suite, Apt. #, etc.

STE. 305

City & State

MELBOURNE, FL.

Zip

32901

Country

BREVARD

3. Mailing Office Address

1103 W. Hibiscus

Suite, Apt. #, etc.

STE. 305

City & State

MELBOURNE F

Zip

32901

Country

BREVARD

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3434820

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

BONNIE J. MILLER

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

730 BONNIE CIR.

Suite, Apt. #, Etc.

400003241624-6

-05/08/00-01003-004

***306.25 ***306.25

City

MELBOURNE

State

FL

Zip Code

32901

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

REGISTERED AGENT MUST SIGN

Date

4/18/00

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	BACS KAY, EVELYN	170 BUZZBY ST. NE.	PALM BAY, FL 32909
P	MILLER, BONNIE	730 BONNIE CIR.	MELBOURNE, FL 32901
DVP	DIEDRICHS, SHIRLEY	930 BACON CIR NE.	PALM BAY, FL 32905
2ST	STELZER, DEBBIE	657 ALTONA N.W.	PALM BAY, FL 32907

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BONNIE J. MILLER

Date

4/18/00

Daytime Phone #

(321)

723-9710

CR2E081 (9/99)