

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG -7 PM 4:46

DOCUMENT # N97000003685

1. Corporation Name

Palm Beach County Large Animal Disaster Response Team, Inc.

2. Principal Office Address

455 Folsom Road

Suite, Apt. #, etc.

City & State

Loxahatchee, FL

Zip
33470

Country
USA

3. Mailing Office Address

Box, 129, 13860 Wellington Trace

Suite, Apt. #, etc.

Suite 38

City & State

Wellington, FL

Zip
33414

Country
USA

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/25/1997

5. EEL Number

75-3219168

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
Robert Meehan

Street Address (P.O. Box Number is Not Acceptable)
4566 130th Street South

Suite, Apt. #, Etc.

City
Wellington

State
FL

Zip Code
33414

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

Robert Meehan

REGISTERED AGENT MUST SIGN

Date 08/02/06

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 | Robert Meehan | 4566 130th Street South | Wellington, FL 33414 |
| D | Patricia Hanly | 4566 130th Street South | Wellington, FL 33414 |
| D | Debby Cramer | 455 Folsom Road | Loxahatchee, FL 33470 |
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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 contained in Chapter 119, 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:

Robert Meehan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/02/06

Date

561-793-3680

Daytime Phone #