


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> <u>N97000006712</u>			
<b>1. Corporation Name</b> Pasco Animal Welfare Society, Inc.  11720 U.S. 19			
<b>2. Principal Office Address</b> 11720 U.S. 19		<b>3. Mailing Office Address</b>	
Suite, Apt. #, etc. Suite 10		Suite, Apt. #, etc. Suite 10	
City & State Port Richey, Florida		City & State Port Richey, Florida	
Zip 34668	Country Pasco	Zip 34668	Country Pasco

FILED  
04 AUG 12 PM 3:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 02-04

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 12/27/97	
<b>5. FEI Number</b> 59-3481554	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
Name <u>JEANETTE K RICH</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>4450 DEWEY DRIVE</u>	
Suite, Apt. #, Etc. <u>NEWPORT RICHEY</u>	
City <u>NEWPORT RICHEY</u>	State <u>FL</u>
Zip <u>34652</u>	Zip Code <u>34652</u>

<b>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.</b>	
Signature of Registered Agent <u>Jeanette K Rich</u>	Date <u>8-11-04</u>
REGISTERED AGENT MUST SIGN	

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
PD	MAYNARD, JANET	12520 CORONADO DRIVE	SPRINGHILL, FL 34609
TD	RICH, JEANETTE K.	4450 DEWEY DRIVE	NEW PORT RICHEY, FL 34652
SD	LITTLE, MARIE	9105 CR647 CS	BUSHNELL, FL 33513
SD	BROWN, DORIS	2619 LIMWOOD	HOLIDAY, FL 34690
VD	SCHOUPPE, HELEN	7306 MORNINGVIEW STREET	BROOKSVILLE, FL 34613
VD	FUNKHOUSER, RUBY	15538 MADELINE DRIVE	HUDSON, FL 34667

**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)(f), 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:** Jeanette K Rich JEANETTE K RICH, Treas 7-27-04 727.819.9861  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)