

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1014

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN 25 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000000044

1. Corporation Name

ST. JOSEPH BAY HUMANE SOCIETY, INC.

2. Principal Office Address

1006 McClelland Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 361

Suite, Apt. #, etc.

City & State

Port St. Joe, Florida

Zip

32456

Country

Gulf

City & State

Port St. Joe, Florida

Zip

32457

Country

Gulf

4. Date Incorporated or Qualified
To Do Business in Florida

01/02/1998

5. FEI Number

59-3487791

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

J. Patrick Floyd

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

408 Long Ave.

Suite, Apt. #, Etc.

City

Port St. Joe

State

FL

Zip Code

32456

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]

Date 01/24/2002

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
P/D	Carolyn M. Lee	1006 McClelland Ave.	Port St. Joe, FL 32456
V/D	Jana K. Harrelson	8001 Alabama Ave.	Port St. Joe, FL 32456
S/D	Jacqueline R. McClane	142 Bay St.	Port St. Joe, FL 32456
T/D	Cynthia A. White	1307 Long Ave.	Port St. Joe, FL 32456
D	Joseph E. Barfield	328 Reid Ave.	Port St. Joe, FL 32456
D	Margaret K. Eicens	8871 County Road 386	Wewahatchka, FL 32465

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:

Carolyn M. Lee
Carolyn M. Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/2002 850-227-1103

Date

Daytime Phone #

2 of 4

CONTINUATION SHEET FOR CORPORATION REINSTATEMENT
DOCUMENT # N98000000044

Item 9.

Titles	Name	Street Address	City/State/Zip
D	Leon Lee	1006 McClelland Ave.	Port St. Joe, FL 32456
D	Connie Shockey	309 Hatley Dr.	Mexico Beach, FL 32410
D	Sharlene Williams	7124 Americus Ave.	Port St. Joe, FL 32456

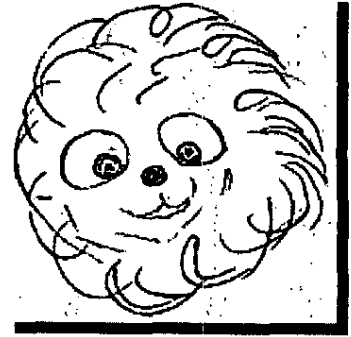
St. Joseph Bay Humane Society

P. O. Box 361
Port St. Joe, FL 32457
1-850-227-1103
www.capesanblasfl.com/sjbhs

FSC 509 (a) (2)

Section 501 (c) (3)

EIN 59-3487791



January 24, 2002

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Subject: St. Joseph Bay Humane Society, Inc. DOCUMENT # N98000000044

Dear Staff:

St. Joseph Bay Humane Society, Inc. requests that its reinstatement fee for a non-profit corporation be waived for the following reason:

St. Joseph Bay Humane Society, Inc. was administratively dissolved for failure to file its year 2000 corporate annual report form. The reason for failure to file was that St. Joseph Bay Humane Society, Inc. **never received the original 2000 report**, and therefore it could not be filed.

It has been determined that the Florida Department of State records incorrectly reflect the *Principal place of Business* and *Mailing Address* for St. Joseph Bay Humane Society, Inc. as one and the same:

1006 McClelland Avenue
Port St. Joe, FL 32456

Regrettably, this street address does not have a mailbox associated with it, therefore the Port St. Joe Post Office personnel do not leave mail addressed to that address at that address.

The correct **mailing address** for St. Joseph Bay Humane Society, Inc. is:

P.O. Box 361
Port St. Joe, FL 32457

This address is correctly recorded in Block 3 on the attached Corporation Reinstatement form.

cliff

We had two telephone conversations with two separate examiners (the latter examiner being Ms. Barbara Mitchell) from your office this date. Both examiners assured us that with this letter, requesting a waiver of the reinstatement fee because of non-receipt of the original 2000 report by us, St. Joseph Bay Humane Society, Inc. will be reinstated for the Annual Report Fees for the years 2000, 2001, and 2002 only ($3 \times 61.25 = \$183.75$).

We are also requesting a Certificate of Status (\$8.75); therefore a check for \$192.50 is enclosed.

I trust this satisfies your requirements for immediate reinstatement of St. Joseph Bay Humane Society, Inc.

Sincerely,

Carolyn M. Lee

Carolyn M. Lee
President, SJBHS

Enclosures: as stated