

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR 15 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **N98000004333**

1. Corporation Name
HUMANE SOCIETY OF NORTH AMERICA, INC.
N98000004333

2. Principal Office Address
3521 FORSYTH RD
Suite, Apt. #, etc.

3. Mailing Office Address
3521 FORSYTH RD
Suite, Apt. #, etc.

City & State
FLORIDA
Zip
32792
Country
USA

City & State
ORLANDO, FLORIDA
Zip
32792
Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
7/24/98

5. FEI Number
593523212
Applied For
Not Applicable

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

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name
LARRY G. Adkins

Street Address (P.O. Box Number is Not Acceptable)
3521 FORSYTH Rd.
Suite, Apt. #, Etc.

City
WINTER PARK

State
FL

Zip Code
32792

300005337233--7
04/24/02 01014-029
******122.50 ****122.50**

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 _____ Date _____

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
D	MARGIE MARTINEZ	1630 SANKEY Circle	OUIDDD, FL 32765
D	JESUS VIRELLA	713 MEADOWSIDE Ct.	ORLANDO, FL 32825
D	LARRY Adkins	3521 FORSYTH Rd	WINTER PARK FL, 32792

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: Larry Adkins Date 4-7-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 407-260-6068

CR2E081 (9/01)

75 4/22/02

Florida Department Of State
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

We did not receive the 2001 UBR last year and just now realized it. As a non-profit Corporation we try to conserve costs. If you could please waive the re-instatement fee it would be greatly appreciated.

Thank you for your consideration.

Best Regards,

Larry Adkins
Larry Adkins Director

4-11-02