

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -8 PM 3:13

DOCUMENT # N98000004368

1. Corporation Name

THE CRITTER CONNECTION OF W.P.B., INC.

Principal Place of Business

444 24TH ST.
WEST PALM BEACH FL 33407

Mailing Address

444 24TH ST.
WEST PALM BEACH FL 33407

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/1998

5. FEI Number

X

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
STD	GILLETTE, NOR RENE	12044 ALAMANDA CIRCLE	PALM BEACH GARDENS FL 33410
D	HAMILTON, JANIE	17886 116TH ST. NORTH	JUPITER FL 33478
PD	SAJNAJ, GLORIA	438 36TH STREET	W PALM BEACH FL 33407
V	HEUSER, MADELINE	444 24TH ST.	WEST PALM BEACH FL 33407

8. Name and Address of Current Registered Agent

SAJNAJ, GLORIA I
444 24TH ST.
WEST PALM BEACH FL 33407

9. Name and Address of New Registered Agent

Name

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

200003265792--4

Suite, Apt. #, Etc.

05/24/00--01081--034

****306.25 ****306.25

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Gloria Sajnaj
REINSTATEMENT REQUIRED
REGISTERED AGENT MUST SIGN

May 2, 2000
Date

11. 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:

Gloria Sajnaj
REINSTATEMENT REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gloria Sajnaj

05/02/00

Date

561-802-9982

Daytime Phone #