

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 15 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004470

1. Corporation Name

Treatment Resources and Education
for Animals in Temporary Shelter

2. Principal Office Address

P.O. Box 14806

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32317

Country

USA

3. Mailing Office Address

P.O. Box 14806

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32317

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

8/4/1998

5. FEI Number

593539317

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

Tara S. Vaughn

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

6245 Crestwood Drive

Suite, Apt. #, Etc.

000027526650

01/26/04--01004--004 **297.60

City

Tallahassee

State

FL

Zip Code

32311

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]
REGISTERED AGENT MUST SIGN

Date

1/14/2004

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	Tara Vaughn	6245 Crestwood Dr.	Tallahassee, FL 32311
TD	Milton Grosz	3135 Cameliawood Cr. W	Tallahassee, FL 32301
D	Dana Dowling	301 S. Monroe	Tallahassee, FL 32301
D	Jan Collier	4198 Kimmer Rave Lane	Tallahassee, FL 32309

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/14/2004

Daytime Phone #

321-7562