

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 DIVISION OF CORPORATIONS

FILED

00 JAN 12 PM 1:13

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # N98000006428

1. Corporation Name

PETS IN DISTRESS II, INC.

Principal Place of Business

3161 SW 116TH AVENUE  
 DAVIE FL 33330

Mailing Address

3161 SW 116TH AVENUE  
 DAVIE FL 33330

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/12/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0879642

Applied For  
 Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MCCULARS, ALLIENE	10141 SW 49TH MANOR	COOPER CITY FL 33328
D	<del>SNYDER, TAMMY</del> MAVROS, ELENA	<del>5201 SW 195TH TERRACE</del> 10910 S.W. 27th Street	<del>FORT LAUDERDALE FL 33332</del> DAVIE, FLA. 33328
D	MCGARRY, BARBARA A	3161 SW 116TH AVENUE	DAVIE FL 33330
			100003112201--2 -01/27/00--01010--006 *****61.25 *****61.25
			700003112207--3 -01/27/00--01010--007 *****61.25 *****61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCGARRY, BARBARA A  
 3161 SW 116TH AVENUE  
 DAVIE FL 33330

Name

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

Suite, Apt. #, Etc.

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

*Barbara A. McGarry*  
 REGISTERED AGENT MUST SIGN

Date

12-22-99

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:

*Barbara A. McGarry*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA A. MCGARRY  
 Date

12-22-99

Daytime Phone #

954  
 473-026

# Classic Cotton™

premium letterhead papers

12-17-99

Pats & M. Hiestress II  
3161 S.W. 116 Ave  
Miami, FL 33330  
Dear Sir:

Please be advised that Pats & M. Hiestress II never received any paperwork concerning application for reinstatement from your department. We are a non-profit group doing pet adoptions and would appreciate your help in this matter. Enclosed please find our check.  
Thank-you.

Sincerely,  
Barbara McGarry  
Director

