

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL 26 PM 8:40

DOCUMENT # 1298000006428

1. Corporation Name

PETS IN DISTRESS II, INC.

2. Principal Office Address

521 S.W. 59 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

521 S.W. 59 STREET

Suite, Apt. #, etc.

City & State

OCALA, FL.

City & State

OCALA, FL.

Zip

34474

Country

U.S.

Zip

34474

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

11-12-98

5. FEI Number

65-0979642

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

BARBARA A. MCGARRY

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

521 SW 59th St.

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34474

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

Barbara A McGarry

REGISTERED AGENT MUST SIGN

Date 5-10-01

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
<u>PRES</u>	<u>ELENA MAUROS^D</u>	<u>10910 SW 27th St.</u>	<u>Grove, FL 33328</u>
<u>V.P.</u>	<u>ALLIENE McCULLARS^D</u>	<u>10165 MATCHLOCK Drive</u>	<u>ORLANDO, FL 32821</u>
<u>Secy/PRES</u>	<u>BARBARA A McGARRY^D</u>	<u>521 SW 59 St.</u>	<u>Ocala, FL 34474</u>

AD

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:

Barbara A McGarry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-01 352-291-5351

Date

Daytime Phone #

CR2E081 (9/00)