

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N99000002447**

1. Corporation Name

THE PET SHELTER, INC.

Principal Place of Business

25505 S.W. 182ND AVENUE
HOMESTEAD FL 33031

Mailing Address

25505 S.W. 182ND AVENUE
HOMESTEAD FL 33031

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

04/20/1999

5. FEI Number

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
PD	PROSEK, GAIL	25505 S.W. 182ND AVENUE	HOMESTEAD FL 33031
STD	VILLA, DEBBIE	1660 B.W. 13TH AVENUE	HOMESTEAD FL 33030
D	DAVIS, KATHY	15860 S.W. 280 STREET	HOMESTEAD FL 33031
D	AQUINO, EDILBERTO DR.	15320 S.W. 58TH STREET	MIAMI FL 33193
D	DEMILLY, TAD	2540 FAIRWAYS DRIVE	HOMESTEAD FL 33035
D	HILL, JERRY	1660 SANDPIPER BLVD.	HOMESTEAD FL 33035

8. Name and Address of Current Registered Agent

CHOOS, S S ESQ.
15600 S.W. 288 STREET
SUITE 312
HOMESTEAD FL 33033

9. Name and Address of New Registered Agent

Name

GAIL A. PROSEK

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

25505 S.W. 182 AV

Suite, Apt. #, Etc.

000003478330--8

City

HOMESTEAD

-11/28/00--01056--010

******236 State Zip 33031**

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-30-00

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.

KE

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-00
Date

305-246-1936
Daytime Phone #