

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC -3 AM 8:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000003359

1. Corporation Name

CENTRAL FLORIDA GREAT DANE RESCUE

REINSTATEMENT 02-03

700025191747
12/03/03--01047--010 **297.50

2. Principal Office Address

2490 ORANGE AVE

3. Mailing Office Address

PO BOX 5510

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD FL

City & State

WINTER PARK FL

Zip

32771

Country

SEMINOLE

Zip

32793

Country

ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

ELISA LAW

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

2490 ORANGE AVE

Suite, Apt. #, Etc.

City

SANFORD FL

State

FL

Zip Code

32771

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

Elisa Law

Date

11/25/03

REGISTERED AGENT MUST SIGN

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
PRES	ELISA LAW	2490 ORANGE AVE	SANFORD WINTER PARK FL 32771
VP	STEVE LAW	2490 ORANGE AVE	SANFORD FL 32771
SEC	ACE EMERY	2490 ORANGE AVE	SANFORD FL 32771
TREAS	DANA DEWALL	14125 WINTERSET DR	ORLANDO FL 32832

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:

Elisa Law ELISA LAW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/03

Date

407-324-4365

Daytime Phone #

CR2081 (10/02)