

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Donna Harris  
Secretary of State  
DIVISION OF CORPORATIONS

2001 UBR

FILED

01 DEC 18 PM 2:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99 000005058

1. Corporation Name

Pet Aid Service Society, Inc

2. Principal Office Address

9458-U.S. 19

Suite, Apt. #, etc.

3. Mailing Office Address

9458-U.S. 19

Suite, Apt. #, etc.

City & State

Port Richey

City & State

Port Richey

Zip Country

34668 Pasco

Zip Country

34668 Pasco

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3595839

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

Marij McConkey

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

9229-WOOD DR

Suite, Apt. #, Etc.

City

Hudson

State  
FL

Zip Code

34667

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

Marij McConkey, President

Date 12-13-01

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
PD	Marij McConkey	9229-WOOD DR	Hudson, FL 34667
VD	Walter N. McConkey	9229-WOOD DR	Hudson, FL 34667
STD	Judy Vesely	8445 Thrasher Crt	New Port Richey, FL 34654
TD	Joan Levy	9510-Richwood Lane	Port Richey, FL 34668
TD	George C. Psotas	10816-U.S. Hwy 19	Port Richey, FL 34667

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:

Marij McConkey - Marij McConkey - 12/13/01 817-1818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (9/00)

**PASS**

Pet Aid Service Society, Inc.  
9458 U.S. 19, Embassy Plaza  
Port Richey, FL 34668  
Ph. & Fax: (727) 817-1812  
www.petaidservicesoc.org



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**"MAKING LIFE BETTER FOR PETS AND PEOPLE"**

Florida Department of State  
Division of Corporations  
P.O.Box 6327  
Tallahassee, FL 32314

December 13, 2001

To Whom It May Concern:


As president of Pet Aid Service Society, Inc. (PASS) I was informed by someone who looked for us on your web site that we were showing an inactive status as of September 21<sup>st</sup> of this year.

After being informed of this, I called the State Department of Corporations and was informed that our application for renewal was sent to the incorrect address and that it would take an extra fee of \$175.00 to be reinstated.

We are a small volunteer organization raising funds to help animals and an extra fee to reinstate would take money from the animals.

I understand that it is our responsibility to file necessary papers each year and will not miss another but since we were not notified, I am asking that the extra fee be waived.

Thank you for your time and consideration and we would greatly appreciate your help in this matter.

Sincerely,  
  
Marj McConkey  
President