

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 12 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000005435**

1. Corporation Name

Fair Haven Primate Sanctuary, Inc.

2. Principal Office Address

1161 F Road

Suite, Apt. #, etc.

City & State

Loxahatchee, FL

Zip

33470

Country

USA

3. Mailing Office Address

1161 F Road

Suite, Apt. #, etc.

City & State

Loxahatchee, FL

Zip

33470

Country

USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

9/13/99

5. FEI Number

62-0986064

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

Bonnie L. Fair

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

1161 F Road

Suite, Apt. #, Etc.

City

Loxahatchee

State

FL

Zip Code

33470

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

Bonnie L. Fair

REGISTERED AGENT MUST SIGN

Date

2/8/00

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
P/D	Bonnie L. Fair	1161 F Road	Loxahatchee, FL 33470
S/T/D	James R. Greene	2835 Polo Island Dr.	West Palm Beach, FL 33414
D	Donald Dufresne, Esq.	400 Australian Ave.	West Palm Beach, FL 33401
D	Debra Cyphert	2329 Collins Ferry Rd.	Morgantown, WV 26505
D	Dr. Lori Minter, DVM	10490 165th St. N	Jupiter Farms, FL 33478
D	Barbara Boone	Two Brentwood Commons, Ste 150	Brentwood, TN 37027

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:

Bonnie L. Fair

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/8/00

Daytime Phone #

CR2E081 (9/00)