

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION FOR REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
|---|-----------------------------------|---|--------------------|
| DOCUMENT # N99000005764 | | | |
| 1. Corporation Name ANIMAL RESCUE COALITION, INC. | | | |
| Principal Place of Business 1157 WEST WAY DR. SARASOTA FL 34236 | | Mailing Address 1157 WEST WAY DR. SARASOTA FL 34236 | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | |
| 2. New Principal Office Address, If Applicable 47 S. Palm Avenue Suite, Apt. #, etc. Suite 213 Sarasota, FL Zip 34236 Country USA | | 3. New Mailing Office Address, If Applicable 47 S. Palm Avenue Suite, Apt. #, etc. Suite 213 Sarasota, FL Zip 34236 Country USA | |
| 4. Date Incorporated or Qualified To Do Business in Florida 09/28/1999 | | 5. FEI Number 65-0950292 | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> | |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | |
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| 1 | 2 | 3 | 4 |
| PSD | SARBEY, EDWARD H | 102 N. WARBLER LN | SARASOTA FL 34236 |
| TDC | BARSKY, IRA P | 1157 WEST WAY DR | SARASOTA FL 34236 |
| D | CARR, KATHRYN A | 240 S. PINEAPPLE AVE | SARASOTA FL 34236 |
| 700004669487--6 -11/06/01--01070--005 ****236.25 ****236.25 | | | |
| 8. Name and Address of Current Registered Agent BARSKY, IRA 1157 WEST WAY DR. SARASOTA FL 34236 | | | |
| 9. Name and Address of New Registered Agent | | | |
| Name | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | |
| Suite, Apt. #, Etc. | | | |
| City | | State FL | Zip Code |
| 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 IRA Barsky | | Date 10/16/01 | |
| REGISTERED AGENT MUST SIGN | | | |
| 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. | | | |
| SIGNATURE: IRA Barsky | | Date 10/16/01 944-957-1955 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR20040 (801)