

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

Mailing Address

~~1157 WEST WAY DR.
SARASOTA FL 34236~~

~~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

City & State

Sarasota, FL

Zip

34236

Country

USA

3. New Mailing Office Address, If Applicable

47 S. Palm Avenue

Suite, Apt. #, etc.

Suite 213

City & State

Sarasota, FL

Zip

34236

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

09/28/1999

5. FEI Number

65-0950292

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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

9. Name and Address of New Registered Agent

BARSKY, IRA
 1157 WEST WAY DR.
 SARASOTA FL 34236

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/01 941-957-1955
 Date Daytime Phone #

FILED

01 OCT 22 PM 5:33

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



CPRE040 (8/01)