

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 APR 10 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT *N79000007510*

1. Corporation Name

*HELP M-E-O-W-T CAT RESCUE OF
FLORIDA, INC*

2. Principal Office Address

1940 HARRISON ST.

Suite, Apt. #, etc.

STE 201-B

City & State

HOLLYWOOD, FL

Zip

33020-5072

Country

USA

3. Mailing Office Address

1940 HARRISON ST.

Suite, Apt. #, etc.

STE 201-B

City & State

HOLLYWOOD, FL

Zip

33020-5072

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/13/1999

5. FEI Number

65-0889558

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT *01-02*

7. Name and Address of Current Registered Agent

Name

JUMPINGJAX TAX.COM, ~~LLC~~ INC.

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

1940 HARRISON ST., STE. 201-B

Suite, Apt. #, Etc.

City

HOLLYWOOD

State
FL

Zip Code

33020-5072

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

[Signature]

John J. Malerba, EA

REGISTERED AGENT MUST SIGN

Date

4/8/2002

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
<i>D</i>	<i>BEATRICE REITANO</i>	<i>1940 HARRISON ST., STE 201-B</i>	<i>HOLLYWOOD, FL 33020</i>
<i>D</i>	<i>JUDY NEILSON</i>	<i>1940 HARRISON ST., STE 201-B</i>	<i>HOLLYWOOD, FL 33020</i>
<i>D</i>	<i>JOHN J. MALERBA</i>	<i>1940 HARRISON ST., STE 201-B</i>	<i>HOLLYWOOD, FL 33020</i>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John J. Malerba, Director

Date

4/8/2002

Daytime Phone #

800-203-2347

CR2E081 (9/01)