

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 DEC 29 PH 2: 09

DOCUMENT # N99000007618

1. Corporation Name

The Ark Wildlife Rescue & Rehabilitaion, Inc.

REINSTATEMENT 07-11

400215644024
12/29/11--01030--001 **490.00

CR2B081 (11/10)

2. Principal Office Address - No P.O. Box #

335 Sunset Drive

3. Mailing Office Address

335 Sunset Drive

Suite, Apt. #, etc.

none

Suite, Apt. #, etc.

none

City & State

St. Augustine, Fl

City & State

St. Augustine, Fl

Zip

32080

Country

USA

Zip

32080

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Jan, 2000

5. FEI Number

59-3614125

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

Karen Lynch

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

335 Sunset Drive

Suite, Apt. #, Etc.

none

City

St. Augustine

State

FL

Zip Code

32080

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

Karen Lynch

REGISTERED AGENT MUST SIGN

Date

12/28/11

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
Pres	Karen Lynch	335 Sunset Drive	St. Augustine, FL
Treas	Lawrence Lynch	335 Sunset Drive	St. Augustine, FL
Secy	Joan DeCamp	8130 A1A South, #J11	St. Augustine, FL

12/29

10. E-mail Address: larry.lynych335@comcast.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Karen Lynch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/11

Date

(904) 669-5276

Daytime Phone #