

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 28 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000070684**

1. Corporation Name

Sanctuary of Ocala, Inc.

2. Principal Office Address

13243 NW 82nd St Rd

Suite, Apt. #, etc.

3. Mailing Office Address

13243 NW 82nd St Rd

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34482

Country

Marion

Zip

34482

Country

Marion

4. Date Incorporated or Qualified
To Do Business in Florida

Sept 2001

5. FEI Number

59-3731486

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

02-03 UBR [Signature]

000010975260
01728/03--01020--017 **308.75

7. Name and Address of Current Registered Agent

Name

Daniel H. Case

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

13243 NW 82nd St Rd

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34482

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 of Daniel H. Case]

REGISTERED AGENT MUST SIGN

Date **1.23.03**

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	Daniel H. Case D	13243 NW 82nd St Rd	Ocala, FL 34482
S	Linda H. Toth	6002 SW 108th St.	Ocala, FL 34476
T	Linda H. Toth	6002 SW 108th St.	Ocala, FL 34476

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)(l), 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:

Daniel L. Case President
[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.23.03

Date

Daytime Phone #

CR2E081 (10/02)