


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

 FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000042505**

1. Corporation Name

SOME KIND OF SANCTUARY INC

Principal Place of Business

Mailing Address

~~8931-3 CONFERENCE DR~~
~~FT MYERS FL 33919~~

~~8931-3 CONFERENCE DR~~
~~FT MYERS FL 33919~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1952-S PARK MEADOWS DR.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

1952-S PARK MEADOWS DR.

City & State

FT. MYERS FL.

City & State

FT. MYERS, FL.

Zip

33907

Country

Zip

33907

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/2002

5. FEI Number

04-3648115

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GONZALEZ, GINA	PO BOX 992	SANIBEL FL 33957

8. Name and Address of Current Registered Agent

~~BUSINESS FILINGS INCORPORATED~~

~~660 EAST JEFFERSON STREET~~

~~TALLAHASSEE FL 32301~~

9. Name and Address of New Registered Agent

Name

GINA M. GONZALEZ

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

1952-S PARK MEADOWS

Suite, Apt. #, Etc.

City

FT. MYERS

State

FL

Zip Code

33907

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. or 617.0505, F.S.

Signature of
Registered Agent



REGISTERED AGENT MUST SIGN

Date **11.4.3**

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.4.3

Date

239-931-5606

Daytime Phone #

CR20040 (7/03)

292
TO FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS

DUE TO CHANGES IN BOTH BUSINESS
AND RESIDENTIAL ADDRESS I,
GINA M. GONZALEZ OF SOMEKIND
OF SANCTUARY NEVER RECEIVED
PRIOR UNIFORM BUSINESS REPORT
NOTICES. PLEASE ACCEPT MY
REINSTATEMENT APPLICATION AND
CHECK FOR \$150⁰⁰

SINCERELY,

GINA M. GONZALEZ, C.M.
President of Somekind
of Sanctuary.

K.7.3

S.O.S.
952-5 PARK MEADOWS DR.
T. MYERS FL. 33907