

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

132

APPLICATION FOR **REINSTATEMENT**



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

FILED

03 NOV 14 PM 7:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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~~



200024718432
11/14/03--01079--007 **150.00

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

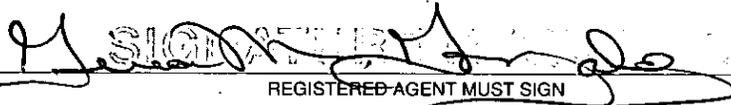
2. New Principal Office Address, If Applicable 1952-S PARK MEADOWS DR. Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. 1952-S PARK MEADOWS DR. City & State FT. MYERS, FL. Zip 33907 Country		4. Date Incorporated or Qualified To Do Business in Florida 04/19/2002	
City & State FT. MYERS FL.		City & State FT. MYERS, FL.		5. FEI Number 04-3648115	
Zip 33907 Country		Zip 33907 Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
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	
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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  Date **11.4.3**

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:  **11.4.3** **239-931-5606**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

To FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS

2/9/21

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