

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2007 FEB -2 12:57

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000054853

1. Corporation Name

Angie's Zoo Too

600088246296  
02/13/07--01046--021 \*\*1650.00

CR2E081 (1/07)

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

4600 Dixie Hwy NE

Suite, Apt. #, etc.

3. Mailing Office Address

4600 Dixie Hwy NE

Suite, Apt. #, etc.

City & State

Palm Bay FL

Zip

Country

32905

USA

City & State

Palm Bay FL

Zip

Country

32905

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/4/93

5. FEI Number

593198211

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

Julie G Pierce

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

~~1112 W New Haven Ave~~

Suite, Apt. #, Etc.

109 W New Haven Ave

City

Melbourne

State

FL

Zip Code

32905

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Julie G Pierce*  
REGISTERED AGENT MUST SIGN

Date

1/30/07

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
D	Nina A Conway	4600 Dixie Hwy NE <del>Palm Bay FL 32905</del>	Palm Bay FL 32905

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 contained in Chapter 119, 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:

*Nina A Conway*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-26-07/321-757-3106

Daytime Phone #