

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000004272

1. Corporation Name

ANIMAL WORLD, INC.

Principal Place of Business

19575 BISCAYNE BLVD
1299
AVENTURA FL 33180
US

Mailing Address

19575 BISCAYNE BLVD
AVENTURA FL 33180
US

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	NORTON, TOM	110 SE 7TH ST #1 39101 S. OCEAN DR #14-N	HALLANDALE FL Hollywood FL 33019
SD	DURGIN, HARRY R JR.	5004 PONY EXPRESS TRAIL	CAMINO CA 95709

8. Name and Address of Current Registered Agent

BARBAKOFF, MARC L ESQUIRE
2450 N.E. MIAMI GARDENS DRIVE
MIAMI FL 33180

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date Jan 4 1999

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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

THOMAS H. NORTON

1/24/99

305 936 9298

Daytime Phone #



REINSTATEMENT 98-99

4. Date Incorporated or Qualified
To Do Business in Florida

01/10/1996

5. FEI Number

65-0637325

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E040 (9/98)