

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 27 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98008027422

1. Corporation Name

Fur, Fins and Feathers Sitting Service

2. Principal Office Address

310 Hawser Ln.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Naples

City & State

Zip

FL

Country

USA

Zip

34102

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

1999

5. FEI Number

☒ 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

Molly Ginocchio

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

310 Hawser Ln.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34102

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**

Molly Ginocchio

REGISTERED AGENT MUST SIGN

Date

1/17/03

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	City / State / Zip
<u>Pres.</u>	<u>Molly A. Ginocchio</u>	<u>310 Hawser Ln.</u>	<u>Naples, FL 34102</u>

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)(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

Molly Ginocchio

Date

1/17/03

Daytime Phone #

239 571 5577

CR2E081 (10/02)

2/1/03