PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 OCT 18 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **724548**

1. Corporation Name

JUPITER/TEQUESTA DOG CLUB, INC.

Principal Place of Business	Mailing Address
PO BOX 304 JUPITER FL 33468-0304 US	PO BOX 304 JUPITER FL 33468-0304 US

If above addresses are incorrect in any way, line 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

4. Date Incorporated or Qualified To Do Business in Florida: 10/16/1972

5. FEI Number: 59-1740663 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	GORDON, AMY	802 UPLAND RD	WEST PALM BEACH FL 33401
V	~~GOLE, HEIDI~~ Thebaut, Grace	~~8610 WHISPERING OAKS WAY~~ 67 St. George Place	~~ROYAL PALM BCH FL 33411~~ Plm. Bch. Gardens, Fl. 33418
T	LANG, BARBARA	1 S.E. JUPITER RIVER DRIVE	JUPITER FL 33458
S	~~ELWELL, LEE~~ Fern Zisser	~~12454 184TH COURT N~~ 138-C Weybridge Circle	~~JUPITER FL 33478~~ Royal Plm. Bch Fl. 33411
D	~~THEBAUT, GRACE~~ Elwell, Lee	~~67 ST GEORGE PLACE~~ 12454 184th Ct. N.	~~PALM BEACH GARDENS FL~~ Jupiter Fl. 33478
D	~~MITCHELL, SHERRI~~ Beth Harris	~~125 SE 26TH AVE~~ 5770 Dixie Bell Road	~~BOYNTON BEACH FL 33435~~ Plm. Bch. Gardens, Fl. 33418

8. Name and Address of Current Registered Agent

LANG, BARBARA
1 SE JUPITER RIVER DRIVE
JUPITER FL 33458

REINSTATEMENT

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

CR2E040 (8/01)

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: SIGNATURE REQUIRED Date: 10-15-01

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.

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SIGNATURE: SIGNATURE REQUIRED Amy Gordon 10-15-01 561 366 1038

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