

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

DOCUMENT # **756278**

1. Corporation Name  
**DOBERMAN RESCUE CONCERN, INC.**

Principal Place of Business: **Palm Beach County**  
 Office is same as mailing address.  
 Mailing Address: **8023 West Lake Drive West Palm Beach, Fl. 33406**

*W99-7851*

FILED  
 99 APR 12 AM 9:27  
 STATE OF FLORIDA  
 TALLAHASSEE, FLORIDA

**REINSTATEMENT**

*95999  
 7/18/99  
 4/12/99*

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	2/10/81
5. FEI Number	59-2340103
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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres./ D	Nancy Armstrong	8023 West Lake Drive	West Palm Beach, Fl. 33406
V.P.	Susan Coffman	11409 Eagles Nest Drive	Boynton Beach, Fl. 33437
Sec.	Susan Coffman	11409 Eagles Nest Drive	Boynton Beach, Fl. 33437
Tres./ D	Jan Zabkiewicz	737 Ilex Court	Lake Park, Fl. 33403
D	Sy Burdick, Atty.	1110 N. Olive Ave.	West Palm Beach, Fl. 33401
D	Dr. Theodore Stechtschulte	2861 S. Congress Ave.	Lake Worth, Fl. 33461

8. Name and Address of Current Registered Agent  
**Mrs. Pat Lewis ?**  
**Ortega Road**  
**W.P.B., Fl. - 33405**  
**700002854217--6**  
**04/27/99--01098--012**  
**\*\*\*\*481.25 \*\*\*\*481.25**

9. Name and Address of New Registered Agent  
 Name: **Mrs. Nancy Armstrong**  
 Street Address (P.O. Box Number is Not Acceptable): **8023 West Lake Drive**  
 Suite, Apt. #, Etc:  
 City: **West Palm Beach**  
 State: **FL** Zip Code: **33406**

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: *Nancy Armstrong*  
 REGISTERED AGENT MUST SIGN  
 Date: **3/24/99**

11. This corporation owes 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)(d), 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: *Nancy Armstrong* (**NANCY ARMSTRONG**)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Daytime Phone #: **561 965-4361**

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