

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 APR -2 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600031755896  
04/02/04--01070--024 \*\*297.50

DOCUMENT # NO2000005726  
1. Corporation Name  
The Sunshine State Papillon  
Club, Inc.

2. Principal Office Address <u>5535 Starling Loop</u>		3. Mailing Office Address <u>5535 Starling Loop</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Lakeland, FL</u>		City & State <u>Lakeland, Florida</u>	
Zip <u>33810</u>	Country <u>USA</u>	Zip <u>33810</u>	Country <u>USA</u>

**REINSTATEMENT** BB-89

4. Date Incorporated or Qualified -To Do Business in Florida	<u>7/29/02</u>
5. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name <u>Tammy Garamella</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>5535 Starling Loop</u>	
Suite, Apt. #, Etc.	
City <u>Lakeland,</u>	State <b>FL</b>
	Zip Code <u>33810</u>

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 Tammy Garamella Date 3/29/04  
REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>Angela Pickett</u>	<u>2633 Pickett Downs Dr</u>	<u>Chuluota, FL 32766</u>
<u>V</u>	<u>Robert Hritz</u>	<u>9546 SW 196th Ave Rd</u>	<u>Dunnellon, FL 34432</u>
<u>S</u>	<u>Tony Garamella</u>	<u>5535 Starling Loop</u>	<u>Lakeland, FL 33810</u>
<u>T</u>	<u>Tammy Garamella</u>	<u>5535 Starling Loop</u>	<u>Lakeland, FL 33810</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: Tammy Garamella Tammy Garamella 3/29/04 863-8167648  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E08T (01/04)

*lu*