PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
[redacted]
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 11 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000061287

1. Corporation Name
PUPPY PALACE, INC.
5909 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33021

2. Principal Office Address	**3.** Mailing Office Address
5909 HOLLYWOOD BLVD	5909 HOLLYWOOD BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD, FL	City & State: HOLLYWOOD, FL
Zip: 33021 Country: BROWARD	Zip: 33021 Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida 8-15-94

5. FEI Number 65-0521122 ☐ 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: JUDY NORFORD

Street Address (P.O. Box Number is Not Acceptable): 5909 HOLLYWOOD BLVD.

Suite, Apt. #, Etc.:

City: HOLLYWOOD State: FL Zip Code: 33021

500008330745--9
-10/11/02--01037--014
*****450.00 *****450.00

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: x Judy Norford Date: x 10/10/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
P	JUDY NORFORD	5909 HOLLYWOOD BLVD.	HOLLYWOOD, FL 33021

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: x Judy Norford x 10/10/02 954-981-9197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PUPPY PALACE, INC.
5909 HOLLYWOOD BOULEVARD
HOLLYWOOD, FLORIDA 33021
TELEPHONE (954) 981-9197 FAX (954) 981-9979

October 9, 2002

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314 -

RE: Puppy Palace, Inc.

Dear Sir or Madam:

Enclosed is a completed Corporation Reinstatement form for the above referenced entity along with check number 9811 in the amount of $450 for three years of inactivity.

We respectfully request abatement of the reinstatement fee and corporation supplemental fees for years 2000, 2001, and 2002 due to the fact that the annual reports were never received. As shown on the Corporations Online Public Inquiry, the principal address was changed 02/23/1999, but the mailing address was never changed.

Thanking you in advance for your consideration regarding the above matter. If any further information is needed, do not hesitate to contact the undersigned.

Respectfully submitted,

Judy Norford

Judy Norford
President

Encl.