

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **548276**

1. Corporation Name

BLANELL K-9, INC.

Principal Place of Business

**557 S.R. 520
COCOA FL 32926**

Mailing Address

**557 S.R. 520
COCOA FL 32926**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

10/04/1977

5. FEI Number

59-1798582

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PS	VOGEL, TONI R	4625 LIME ST.	COCOA FL 32926
T	ANDREWS, ROBIN L	4880 OXEYE RD.	COCOA FL 32926

000002340390--D
-11/06/97--01080--012
****165.00 ****165.00

8. Name and Address of Current Registered Agent

**VOGEL, TONI R
4625 LIME ST.
COCOA FL 32926**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Toni R. Vogel

REGISTERED AGENT MUST SIGN

Date **10-27-98**

11. This corporation owes or has paid 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)(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:

Toni R. Vogel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-98
Date

407-632-9242
Daytime Phone #

FILED

97 OCT 30 PM 3:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



①

CR20040 (8/97)

②

10-27-97

Division of Corp.

I have just received a notice
for reinstatement. To my knowledge, I
never received the form to file
for this year.

I always file on time and if I had
received the form I would have filed.

Enclosed is the fee of \$165.00

Blaxell K-9 Inc.

N. Vogel, owner