## PLEASE READ ALL WISTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	A DEPARTMENT OF STATE Secretary of State IVISION OF CORPORATIONS		FILED  09 JUL 24 AM 8: 23
DOCUMENT # 718501 1. Corporation Name Florida West Coast Doberman Pinscher			SECRETARY OF STATE TALLAHASSEE, FLOREN. STATEMENT
2. Principal Office Address - No P.O. Box#  3. Mailing Office Address  25078 Dan Brown Hill Road  5ame 45		200158882492 07/24/0301036011 **367.50 cr2E081 (12/08)	
Suite, Apt. #, etc.  Suite, Apt. #  Print  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip	icipal office	To Do Busi <b>5.</b> FEI Numbe 23 - '7	orated or Qualified mess in Florida May 14, 1978  r 127839  Not Applied For Not Applicable  September 127839  September 1978  Not Applied For Not Applicable for a Certificate of Status
Name Roy Smith  Street Address (P.O. Box Number is Not Acceptable) 25078 Dan Brown Hill Rb.  Suite, Apt. #, Etc.  City Brooksville  State Zip Code FL 34602		☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
8. 1, 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 Registered Agent Date 7-2/-09  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
P Carol Witt 32569 Greenwo		od Loop	Wesley Chapel, FC 33544
VP Michel Poklepovic 5111 Longfellow Ave.		Ave.	Tampa, FL 33629
5-T Susan Smith 25078 Dan Brown		Hill Rd.	Brooksville, FL 34602
D Norma Bartolini 2375 Middle		ff Dr.	Dunedin, FL 34698
D Sava McLarnon 30542 La		orough Cir. Wesley Chapel, FL 33548	
D Randal Rukstele	Randal Rukstele 5629 36th Ave.		St. Petersburg FL 33710
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 filling 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 contained in Chapter 119, 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:  SI			
SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

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