

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR -3 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729763

1. Corporation Name

GREAT DANE CLUB of South Florida, Inc.

2. Principal Office Address

721 N. 72ND TERRACE

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33024

Country

U.S.A.

3. Mailing Office Address

721 N. 72ND TERRACE

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33024

Country

U.S.A.

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5-27-74

5. FEI Number

591794478

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

DIANE RAIFORD

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

721 N. 72ND TERRACE

Suite, Apt. #, Etc.

City

HOLLYWOOD,

800027546558
01/26/04--01020--004 **22.50

800027546558
03/03/04--01051--019 **15.00
FL 33024

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

Diane Raiford

Date 1-19-04

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
P	DIANE RAIFORD	721 N. 72 ND TERRACE	HOLLYWOOD, FL, 33024
S	PAM SNEDAKER	721 N. 72 ND TERRACE	HOLLYWOOD, FL, 33024
T	SUE RATHBONE	16394 EDINBURGH DR. E	LOXAHATCHEE, FL, 33470
V	ANDREA O'CONNOR	P.O. Box 8013	Jupiter, FL, 33468
D	TINA SIMMONS	1064 PINE BRANCH DR.	FT. LAUD., FL, 33326
D	MARIA HIGGINS	12940 WILTON RD.	N. PALM BEACH FL 33408

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:

Diane Raiford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-04

Date

954-963-9839

Daytime Phone #

CR2E081 (10/02)