

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 28 PM 3:05

DOCUMENT # 748303

1. Corporation Name

GREATER VENICE FLORIDA DOG CLUB, INC
(NON PROFIT CORPORATION)

400119043034
02/28/08--01032--009 **\$60.00

REINSTATEMENT 00-08

B2/29/08 (12/07)

2. Principal Office Address - No P.O. Box #

370 SALT CREEK DR

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1976

Suite, Apt. #, etc.

City & State -

NORTH PORT FL

Zip

34287

Country

USA

City & State

VENICE, FL

Zip

34285

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07-31-1979

5. FEI Number

592323260

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

THERESA J. SMITH

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

370 SALT CREEK DR

Suite, Apt. #, Etc.

City

NORTH PORT

State

FL

Zip Code

34287

☒ 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. 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

Theresa J. Smith

REGISTERED AGENT MUST SIGN

Date 2-22-08

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-D	THOMAS ALTMAN	2133 CALUSA LAKES BLVD	NOKOMIS, FL 34275
V-D	PAM RUF	2024 MICANOPY TR	NOKOMIS, FL 34275
T-D	ROSEANN GREGORICH	2985 CONCORD RD	VENICE, FL 34285
S-D	TERRI SMITH	370 SALT CREEK DR	NORTH PORT, FL 34287
S-D	SANDRA ZELICK	1091 COVERT RD	VENICE, FL 34284
D	GLORIA BOWER	24255 SUNCOST BLVD	PORT CHARLOTTE FL 33980

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 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:

Thomas Altman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/08 941-486-1398

Date

Daytime Phone #

(SEE BACK)