

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION
FOR
REINSTATEMENT

FILED
97 JAN 16 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F441015**
1. Corporation Name **MCCARTHY KENNELS, INC.**

Principal Place of Business **East Palatka, Florida**
Mailing Address **Post Office Box 280
East Palatka, FL 32131**

REINSTATEMENT 87-97
DO NOT WRITE IN THIS SPACE

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

2. New Principal Office Address, If Applicable
Route 1, Box 458
Suite, Apt. #, etc.
City & State **East Palatka, FL**
Zip **32131** Country **USA**

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **9/15/81**

5. FEI Number **57-0314486**
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P-S-D	RICHARD MCCARTHY	Route 1, Box 458	East Palatka, FL 32131

700002065427-6
-01/23/97--01007--012
***1881.25 ***1881.25
[Handwritten Signature]

8. Name and Address of Current Registered Agent
**RONALD H. COLE
10 North Columbia Street
Lake City, Florida**

9. Name and Address of New Registered Agent
Name **James E. Bedsole**
Street Address (P.O. Box Number is Not Acceptable) **1750 A1A South**
Suite, Apt. #, Etc. **Suite B**
City **St. Augustine** State **FL** Zip Code **32084**

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 *[Signature]* REGISTERED AGENT MUST SIGN Date **1-15-97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.
Richard Henry McCarthy
SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **RICHARD MCCARTHY** 1/15/97 (904) 325-6870
Date Daytime Phone #

CR20040 (12/95)