

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 FEB 25 AM 11:47

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **J86873**

1. Corporation Name
THE PET CLUB KENNELS, INC.

Principal Place of Business Mailing Address
6455 ANDERSON WAY 6455 ANDERSON WAY
MELBOURNE FL 32940 MELBOURNE FL 32940



REINSTATEMENT 90-97

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 07/29/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2829158 Applied For	
City & State		City & State		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PD	ENLOW, PATRICIA	4355 WOODHAVEN DR.	MELBOURNE FL 32935

200002099392--7
 02/27/97-01023-003
 ***915.00 ***915.00

2/26/97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ENLOW, PATRICIA 4355 WOODHAVEN ROAD MELBOURNE FL 32935		Name Street Address (P.O. Box Number is Not Acceptable) 6455 ANDERSON WAY Suite, Apt. #, Etc. City MELBOURNE State FL Zip Code 32940	

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: Pat Enlow REGISTERED AGENT MUST SIGN Date: 2/20/97

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 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: Pat Enlow PATRICIA ENLOW 2/18/97 (407) 259-5818
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/96)