

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT # K63095**

1. Corporation Name

CANINE SECURITY SERVICES, INC.

Principal Place of Business

Mailing Address

4153 Southwest 47th Ave.  
Suite 109  
Davie, FL 33314

Same

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 Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT 90-97**  
DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified  
To Do Business in Florida

February 3, 1989

5. FEI Number

65-0100583

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)

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
Pres.	Peter J. Lombard, Jr.	4153 Southwest 47th Ave.	Davie, FL 33314
and Tres.		Suite 109	
V.P.	Patricia Lombard	4153 Southwest 47th Ave.	Davie, FL 33314
		Suite 109	

8. Name and Address of Current Registered Agent

UNKNOWN

9. Name and Address of New Registered Agent

Name

Michael J. Quareguio, Esq.

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

500 SE 6th Street, Suite 100

Suite, Apt. #, Etc.

Fort Lauderdale, FL 33301

City

State

Zip Code

FL

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

*Michael J. Quareguio*

REGISTERED AGENT MUST SIGN

Date

7/17/97

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.

SIGNATURE

*Michael J. Quareguio*

1-17-97 954-791-7337

CR0040 (12/95)