

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS

FILED

99 NOV 30 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K88687

1. Corporation Name

JUDY'S PET GROOMING, INC.

Principal Place of Business

Mailing Address

4442 N.E. 20TH AVE.
FORT LAUDERDALE FL 33308-5112

4442 N.E. 20TH AVE.
FORT LAUDERDALE FL 33308-5112

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/09/1989

5. FEI Number

65-0122277

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 A fee of \$3.75 is 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	4 City / State / Zip
P	BURSTEIN, JUDIT	2750 N. 34TH AVENUE	HOLLYWOOD FL 33021

300003070393--5
-12/15/99--01009--010
****165.00 ****165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BURSTEIN, JUDIT
2750 N. 34TH AVE.
HOLLYWOOD FL 33021

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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] REQUIRED
REGISTERED AGENT MUST SIGN

Date 11.20.99

11. 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:

[Signature] BURSTEIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11.20.99, 954 772 4172

Judy's Pet Grooming, Inc.

4442 NE 20th Avenue
Fort Lauderdale, FL 33306

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November 19, 1999

State of Florida
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed you will find an application of reinstatement for Judy's Pet Grooming, Inc. In addition to the application, You will find a check in the amount of \$165.00. Due to a life threatening illness, I was unable to file my corporate report until now. In a recent conversation with your office, they had told me to sign the reinstatement and send a check in this amount.

Thank You In Advance For Your Assistance,



Judit Burstein
President