

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 20 PM 4:15

DOCUMENT # L00000003844

1. Limited Liability Company's Name

DOGMOBILE, LLC

2. Principal Office Address

3641 ARCTIC CIRCLE

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34112

Country

USA

3. Mailing Office Address

3641 ARCTIC CIRCLE

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34112

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

AUSTIN, ARLENE F

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

5811 PELKAN BAY BLVD.

Suite, Apt. #, Etc.

SUITE 200A 201

City

NAPLES

800004749198-2

-01/03/02--01047--011

****150.00 ****150.00

State

FL

Zip Code

34108

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/18/01

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	EINSTEIN, ROBERT	3641 ARCTIC CIRCLE	NAPLES FL 34112
			Rein 100
			UBR 50
			150
			nc
			REINSTATEMENT 2001

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of

Managing Member/Manager

Robert Einstein

Date

12/16/01

Daytime Phone #

941 732-0452

Typed or printed name of signing Managing Member/Manager