

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000021823

Name and Mailing Address

02 OCT 30 PM 2: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0009598 01 FP 0.352 **PRSR H3 0 0615 32541-379060



THE DOGGY BAG, LLC
4660 DESTINY WAY
DESTIN FL 32541-3790



CR2E084 (8/02)

2. New Mailing Address

4. State/Country of Formation

FL

City, State, Zip

5. Date Organized or Qualified
To Do Business in Florida

12/13/2001

Principal Place of Business

4660 DESTINY WAY
DESTIN FL 32541

3. New Principal Place of Business Address

34909 Emerald Coast Parkway #126

City, State, Zip

Destin FL 32541

6. FEI Number

01-0565516

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

STEVENS, JAMES H JR
4660 DESTINY WAY
DESTIN FL 32541

9. Name and Address of New Registered Agent

Name

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

700008643177
10/29/02--01025--006 **155.00

City

FL

Zip Code

10. 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

James H. Stevens Jr.

REGISTERED AGENT MUST SIGN

Date 10-22-02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Managing member	William L Ketchersid	4660 Destiny Way	Destin FL 32541
member	Sadi L Ketchersid	4660 Destiny Way	Destin FL 32541
member	James H Stevens, Sr.	4660 Destiny Way	Destin FL 32541

REINSTATEMENT 2002

AL

12. 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

William L Ketchersid

Date

10/22/02

Daytime Phone #

850-837-9833

Typed or printed name of signing Managing Member/Manager

William L Ketchersid