

L02000003197

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 16 AM 8:09

DOCUMENT # L02000003197

1. Limited Liability Company's Name

Fooo Dog Holdings, L.L.C.

REINSTATEMENT 2003

12/29

100025538904
12/16/03--01072--011 **150.00

2. Principal Office Address

1500 N.E. 131 Street

Suite, Apt. #, etc.

3. Mailing Office Address

1500 N.E. 131 Street

Suite, Apt. #, etc.

City & State

North Miami, FL

City & State

North Miami, FL

Zip

33161

Country

USA

Zip

33161

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

02/08/2002

6. FEI Number

90-0009292

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

Name

Mitchell F. Green

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

4000 Hollywood Boulevard

Suite, Apt. #, Etc.

Suite 485 South

City

Hollywood

State

FL

Zip Code

33021

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

Mitchell F. Green

Date 12-12-03

REGISTERED AGENT MUST SIGN

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
MGR	Randy Carr	1500 N.E. 131st Street	North Miami, FL 33161
MGR	Jamie Carr	1500 N.E. 131st Street	North Miami, FL 33161

REINSTATEMENT 2003

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

[Signature]

Date 12/5/03

Daytime Phone # 305-766-0448

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)