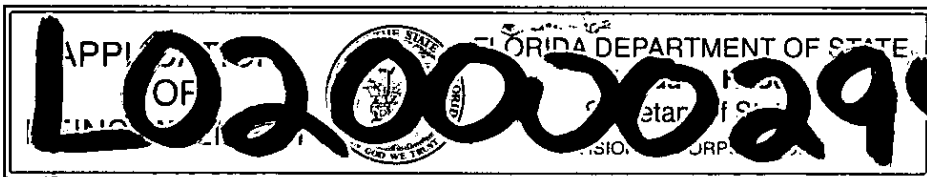


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000029409

Name and Mailing Address

0013298 01 AT 0.292 **AUTO TB 2 0615 34990-513427



FLORIDA DOG ACADEMY, LLC
7427 S.W. 48TH AVENUE
PALM CITY FL 34990-5134



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/04/2002	
Principal Place of Business 7427 S.W. 48TH AVENUE PALM CITY FL 34990	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For Not Applicable
8. Name and Address of Current Registered Agent REMPIS, KLAUS P 7427 S.W. 48TH AVENUE PALM CITY FL 34990		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ REGISTERED AGENT MUST SIGN _____ Date _____			
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
MGRM	REMPIS, KLAUS P	7427 S.W. 48TH AVENUE	PALM CITY FL 34990
200023960402 10/21/03-01020-012 **150.00			
REINSTATEMENT 03 ace			

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

SIGNATURE REQUIRED

Date 10/15/03

Daytime Phone #

772-285-4384

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)