

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000000361**

1. Corporation Name

MILLENNIUM DOG PARK, INC.

Principal Place of Business

4260 S.E. 53RD AVE
OCALA FL 34480

Mailing Address

4260 S.E. 53RD AVE
OCALA FL 34480

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/2000

5. FEI Number

59-3656476

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	TOWLES, LETTY M	2862 NORTH EAST 32ND PLACE	OCALA FL 34479
D	HORNBY, LORI	550 NORTH EAST 25TH AVE	OCALA FL 33470
D	ROSENTHAL, SUE E	11397 SOUTHEAST 92ND COURT	BELLEVUE FL 34420
D	MCBEE, PATRICIA	17370 SOUTHEAST 35TH LANE	OCKALAWAHA FL 32179
D	PLANCK, LANE A	PO BOX 475	BELLEVUE FL 34421
D	SNYDER, CHRIS	721 NORTH EAST 45TH PLACE	OCALA FL 34479

8. Name and Address of Current Registered Agent

TOWLES, LETTY M
4260 S.E. 53RD AVE
OCALA FL 34480

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-28-2002

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 REQUIRED
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-28-2002