

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.
FILED

CORPORATION
REINSTATEMENT



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

DOCUMENT # N01000003194

1. Corporation Name

FRIENDS OF GREYHOUNDS, INC

2. Principal Office Address

2621 NW 105 LANE

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 100894

Suite, Apt. #, etc.

City & State

SUNRISE, FL

Zip

33322

COUNTRY

FT. LAUDERDALE FL

Zip

33310

COUNTRY

BROWARD

7. Name and Address of Current Registered Agent

Name

WEAVER, MICHELLE I

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

2621 NW 105 LANE

Suite, Apt. #, Etc.

City

SUNRISE

700008386837--5

-10/15/02-01083--001

****236.25 ****236.25

4. Date Incorporated or Qualified
To Do Business in Florida

5/2/01

5. FEI Number

65-1109527

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Michelle J. Weaver

Date 10/8/02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| DP | DETCH, GERALD | 2621 NW 105 LANE | SUNRISE, FL 33322 |
| D | LUKIC, EVANA | 9433 NW 46 ST | SUNRISE, FL 33322 |
| DVT | WEAVER, MICHELLE I | 2621 NW 105 LANE | SUNRISE, FL 33322 |
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10. 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:

Michelle J. Weaver, V.P. 10/8/02 954-578-0072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

10/16/02