## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS									04 AUG 16 AM 9:19					
DOCUMENT # NO1000005791  1. Corporation Name Southeast K-9 Search and Rescue Inc.									TA	ECRETAR LLAHASS	Y OF S EE. FL	TATE ORIDA	<b>,</b>	
	SETTE		3eu 0	Po Bo Suite, Apt. #,	<del></del>								Soft	
City & State				City & State				4. Date Incorporated or Qualified To Do Business in Florida 8 (15/01						
TALL Zip 3231	ahas OB	Country		1 <i>ALLA</i> 2ip 323		Country US		5. FEI Numbe 59-37 6. CERTIFICATE	319	US DESIRED	\$8.75 Ad	Not ditional	Applicable  Feegranifications	
	7. Name and Address of Current Registered Agont													
	Name PAT SIMMONS MEINDIALENIEN 02+0											104		
		dress (P.O.	. Box Number is No						OU.					
	Suite, Apt	<u> </u>	0872370401057012 **\$2.50											
	City TALLAHA SSEE							State Zip Code FL 32303						
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									Date	06/2	00	4		
0 1/				GISTERED AG					,				`	
Titles	9. Names and Street Addresses of Each Officer and/or Director (Fig. 1)  Name of					Street Address of Each			City / State / Zip					
	Officers and/or Directors				Officer and/or Director									
り	HARVEY TERRELL			_	4965 GAUTIER D			) <u>P</u>						
0	DUNM FREADBY			y	150 DAWPLANED			p-Ot	TAI		Bee	FL	32302	
<u>D</u>	PAT	-S: N	MODS		287	10 Settles	Bu	-4D -	TAL	LAHAS	SEE	FL	32303	
				······································					07/09/0401050002 **297.50					
								<b>80</b> 0 07/09/0	9 <del>03</del> 1401	<b>8939</b> 050003	325 **8	.75		
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:  SIGNATURE:  SIGNATURE:  SIGNATURE AND APPLIES OF PRINTED MARK OF SIGNING OFFICER OF PRINTED MARK OF SIGNING O														
CIGINA	_					FICER OR DIRECTOR		<u> </u>	Date	۱ در در	Daytime P	hone#	—	