## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # NOTOOOO 6288  1. Corporation Name  Docs Tok Life, INC.  REINSTATEMENT  Principal Office Address - No P.C. Box a	REINSTATEMENT	DA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED  09 SEP 30 PM 3: 29  SECRETARY OF STATE
POCOS TOR LIFE, INC.  FINSTATEMENT OF  2. Principal Office Address - No P.O. Box if			TALLAHASSEE, FLORIDA
Suite, Apt. # etc.  Suite, Apt. # etc.  Suite, Apt. # etc.  City & State  Country  3296  7. Name and Address of Current Registered Agent  Name  The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.  8. I. Date Incorporated or Guarded For Applied For Countries of Status Desired Incorporated Countries of Status Desired Incorporated Countries of Status Desired Prior City Incorporated Countries of City Incorporate Countries of City Incorporated Countries of City Incorporate Countries of Section State of City Incorporate Countries of City Incorpo	DOGS FOR LIFE, INC.		EINSTATEMENT 09
Cry & State  VERO BEACH  Street Address (P.O. Box Number is Not Acceptable)  Suite. Apt. #, Etc.  VERO BEACH  Street Address (P.O. Box Number is Not Acceptable)  Suite. Apt. #, Etc.  VERO BEACH  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite. Apt. #, Etc.  VERO BEACH  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certified and requesting the reinstatement fee be waived.  Street Address (P.O. Box Number is Not Acceptable)  REGISTERED AGENT MUST SIGN  Date  PO Box G 50023  Vero Beach F1 20  Vero Be	25 5th AUE. P.	O. BOX. 650023	09/30/0901035001 **61.25
VERO SEACH FL Zip Zip Country Zip 33.96.2 USA 31.800.39.7 Not applicable 2.9 SA 2.6 Country 3.96.2 USA 3.96.2	City & State City & St	ate	To Do Business in Florida 91171201
7. Name and Address of Current Registered Agent  The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.  Street Address (P.O. Box Number is Not Acceptable)  The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.  8. I. being appointed the registered Agent  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director  Titles  Officers and/or Directors  Titles  Officers and/or Directors  Officer and/or Director  PO Box (50023)  Vero Beaux F132965  Vero Beaux F132967  Vero Be	VERO BEACH, FL VER		3  800397   Not Applicable
Shelly Fercer  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Surfe. Apt. #, Erc.  Cty  Vero Beach  Sizete  Sizete  FL  32962  8. 1. 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  Registered Agent  Name of Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  PO Box 6,50023  Vero Back Fl. 22965  FL. 29765  FL. 29865  FL. 298665  FL. 2986666  FL. 2986666  FL. 29866666  FL. 298666666  FL. 29866666666  FL. 298666666666  FL. 298666666666666666666666666666666666666			CERTIFICATE OF STATES DESIDED 30.13 Additional Fee required
8. I. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent  Policy Registered Agent  Policy Registered Agent  Policy Registered Agent Must sign  Policy Registered Agent Must sign at least 3 directors)  Titles  Officer and/or Directors  Policy Registered Address of Each Officer and/or Directors  Policy Registered Agent  Policy Registered Address of Each Officer and Policy Registered Address of Each Officer Address of Each Officer Address of Each Officer Address of Each Officer Ad	Name  SHELLY FERCER  Street Address (P.O. Box Number is Not Acceptable)  25 Th 5 Th August  Suite, Apt. #, Etc.  State Zip Code		circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement
Titles Name of Officers and/or Directors  Street Address of Each Officer and/or Director  Poblic City/State/Zip  P	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 9   78   09		
Prestoal Turner  Pobox 650023  Vero Beach F1 32965	Name of Court Address of Early		
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	Officers and/or Directors		
TID Raren Mann PO Box 65003 Vero Beach F13965  FIN Shally Ferger PO Box 65003 Vero Beach F13965  Vero Beach F13965  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	trestDAL lurner	POBOX 65000	3 Vero Beach 4 32965
90 Box 65003 Vero Brack F132905  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	VPD Sharon Marshall	170 Box 65002	3 Yero Beach M32965
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	110 Karen Mann	10 Box 6500	B Vero Beach H33915
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	Ell Shally Ferger	PO Box (500	23 Vero Brack M32905
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			
on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Da			

JC 9/30