

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 SEP 30 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N01000006288

1. Corporation Name

DOGS FOR LIFE, INC.

**REINSTATEMENT** 09

~~09/30/09 01035 001 \*\*\$1.25~~  
100161182171  
~~09/30/09--01035--001 \*\*\$1.25~~  
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

25 5TH AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 650023

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

Zip

Country

32962

USA

City & State

VERO BEACH, FL

Zip

Country

32962

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/17/2001

5. FEI Number

311800397

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SHELLY FERGER

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

25TH 5TH AVENUE

Suite, Apt. #, Etc.

City

VERO BEACH

State

FL

Zip Code

32962

☒ 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 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

Shelly Ferger

REGISTERED AGENT MUST SIGN

Date

9/28/09

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
Pres	DAL Turner	PO Box 650023	Vero Beach FL 32965
VP/D	Sharon Marshall	PO Box 650023	Vero Beach FL 32965
T/D	Karen Mann	PO Box 650023	Vero Beach FL 32965
E/D	Shelly Ferger	PO Box 650023	Vero Beach FL 32965

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shelly Ferger

9-28-09

Date

775-8969

Daytime Phone #

9/30