

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

page 1 of 2

APPLICATION
FOR



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

DOCUMENT # N01000008275

1. Corporation Name

CANINE PERFORMANCE, INC.

Principal Place of Business

3941 MIDWAY STREET
MIAMI FL 33133

Mailing Address

POST OFFICE BOX 331820
MIAMI FL 33233-1820

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/26/2001

5. FEI Number

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Director	MRS. SHIRLEY BERCKMANS	3941 MIDWAY ST.	MIAMI, FL 33133
Trustee	MRS. LESLIE B. CUTLER	3 RIGA ROAD	DOVER, MA 02030
Trustee	MRS. ALEXANDRA B. MITCHELL	P.O. Box 2176	S-HAMILTON, MA 01982

8. Name and Address of Current Registered Agent

BERCKMANS, BRUCE
3941 MIDWAY STREET
MIAMI FL 33133

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

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

Berckmans
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

25 Oct '02

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:

Shirley Berckmans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHIRLEY BERCKMANS

Date

10/24/02 305-448-1905

Daytime Phone #

CR2E040 (8/02)

CANINE PERFORMANCE, INC.

ps4072

A CHARITABLE FOUNDATION

P.O. Box 331820
Miami, Florida 33133-1820

October 24, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn: Annual Reports Section

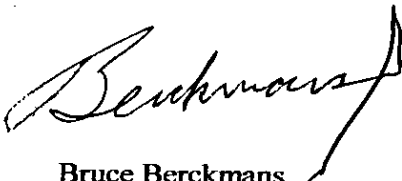
Gentlemen:

Further to today's telephone conversation with your office, as instructed I am returning the completed Notice of Administrative Dissolution or Revocation form for reinstatement of this company, Canine Performance, Inc.

The Uniform Business Report form was originally sent to you with a check for \$61.25 in March. This check has been cashed. The Report was returned by you in April as the titles of the company directors had been omitted. The UBR was then completed by us and returned to your office, photocopy enclosed.

Since we have followed instructions and our check has cleared, please waive the reinstatement fee.

Yours truly,



Bruce Berckmans
Registered Agent

Enclosures