PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APRILICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State **DIVISION OF CORPORATIONS**

N04040 DOCUMENT #

1. Corporation Name

FILED

03 OCT 16 AM 8: 55

SECKETARY OF STATE TALLAHASSEE, FLORIDA

SUNCOAST	COCKER SPANIEL	CLUB OF	GREATER	CLEARWA	١T
ER, INC.					

Principal Place of Business

Mailing Address

27515 ASCOT ST WESLEY CHAPEL FL 33544 27515 ASCOT ST

WESLEY CHAPEL FL 33544

If above addresses are incorrect in any way, line through incorrect information and enter correction below.					REINSTATEMENT 63					
					Date Incorporated or Qualified To Do Business in Florida					
Suite, Apt. #, etc. Suite, Apt. #,					5. FEI Number	07/05/1984 ber Applied For				
City & State City & State						59-2386075	Not Applicable			
Zip Country Zip		Zip	Country		,	6. CERTIFICATE OF STATUS DESIRED (\$8.75 Additional Fee reconstruction of the form of the feet of the form of the feet of the f				
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)										
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip				
DP BOWLING, RICHARD- CHARLES LIPPINCOTT			1750 ALBERMARLE RD. 27515 ASCOT ST		CLEARWATER FL WESLEY CHAPE	L FL 33544				
-60	1 0 C C C C 0 - m m			1052 DODGE ST. 3831 78th Ave Cir East		CLEARWATER FL 33760 - Sarasoia F L	- 34843			
CS STAMM, JOANN			5550 N HIGHLAND PARK DR		HERNANDO FL 34442					
T	LIPPINCOTT, BARBARA			27515 ASCOT ST		WESLEY CHAPEL FL 33544				
V D	- LIPPINGOTT, CHARLES O DIANE SESSA			27515 ASCOT ST 383) 78th Ave Cir East		WESLEY CHAPEL FL 33544 Savasola FL 34243				
D .	ANDERSON, LINDA		3921 BRIARLAKE DRIVE			VALRICO FL 33594				
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent				
LIPPINCOTT, BARBARA 27515 ASCOT STREET WESLEY CHAPEL FL 33544					Suite Apt. #, Etc.\ Suite Apt. #, Etc.\ City 10/15/0301045013ate *#0.00de25					
10. I, being	appointed the	e registered agent of the abo	re named corpo	oration, am f	amiliar wi	th and accept the ob	oligations of Secti	ion 607.0505, F.S. or 617.0505, F	F.S.	

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

10/12/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR