

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000004499

FILED
Mar 26, 2008
Secretary of State

Entity Name: WEST COAST LAW DOGS, INC

Current Principal Place of Business:

P.O.BOX 553
SUMTERVILLE, FL 33585

New Principal Place of Business:

760 CR 485
LAKE PANASOFFKEE, FL 33585

Current Mailing Address:

P.O.BOX 553
SUMTERVILLE, FL 33585

New Mailing Address:

760 CR 485
LAKE PANASOFFKEE, FL 33585

FEI Number: 20-4682544 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BURNS, PATRICK D
1707 N CROOKED BRANCH DR
LECANTO, FL 34461 US

Name and Address of New Registered Agent:

SANDERS, CHARLOTTE M
760 CR 485
LAKE PANASOFFKEE, FL 33538 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHARLOTTE M SANDERS

03/26/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BURNS, PATRICK D
Address: 1707 N CROOKED BRANCH DR
City-St-Zip: LECANTO, FL 34461

Title: V () Delete
Name: KLECKNER, MATTHEW S
Address: 4879 SW 98TH ST
City-St-Zip: OCALA, FL 34476

Title: T () Delete
Name: JOHNS, VERNON E
Address: 1929 CR 453B
City-St-Zip: SUMTERVILLE, FL 33585

Title: S () Delete
Name: SOTO, VINCE I
Address: 35323 HAINES CREEK RD
City-St-Zip: LEESBURG, FL 34788

Title: S (X) Delete
Name: REED, TIM
Address: 1353 CR 443
City-St-Zip: LAKE PANASOFFKEE, FL 33538

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCNEIL, SHAWN
Address: 1099 CR 463B
City-St-Zip: LAKE PANASOFFKEE, FL 33538 US

Title: V (X) Change () Addition
Name: SIMMS, JEFF
Address: 930 CR 457A
City-St-Zip: LAKE PANASOFFKEE, FL 33538 US

Title: T (X) Change () Addition
Name: STEINER, STEVE
Address: 1251 CR 440
City-St-Zip: LAKE PANASOFFKEE, FL 33585 US

Title: S (X) Change () Addition
Name: SANDERS, CHARLOTTE M
Address: 760 CR 485
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLOTTE M SANDERS

S

03/26/2008

Electronic Signature of Signing Officer or Director

Date