PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORRORATIONS

APPROVED AND FILED
1998 JAN 14 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08166

1. Corporation Name

South Dade Kennel Club, Inc.

Principal Place of Business	Mailing Address
5774 N.W. 99 Place Miami, FL 33178	

REINSTATEMENT 97-98 1/14/98

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
5774 N.W. 99 PL	Gary Ciuca
Suite, Apt. #, etc. c/o Gary Ciuca	Suite, Apt. #, etc. 5774 N.W. 99 PL.
City & State Miami, FL	City & State Miami, FL
Zip 33178 Country Dade	Zip 33178 Country Dade

4. Date Incorporated or Qualified To Do Business in Florida: 03/14/1985

5. FEI Number: 59-2646708 ☐ 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)

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-01/15/98--01115--001
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Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City/State/Zip 4
Pres.	Nancy Dunleavy	15725 S.W. 77 Ct.	Miami, FL 33157
Vice Pres	Arlene Tanel	5781 S.W. 132 Terr	Miami, FL 33156
Treas	Beverly Press	9790 S.W. 107 CT.	Miami, FL 33176
Dir.	Sally Throckmorton	19810 Lendire Dr.	Miami, FL 33157
Dir.	Florelle Angel	9800 S.W. 136 ST.	Miami, FL 33176
Dir.	Michael Twyford	655 N.W. 10 ST.	Homestead, FL 33030

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Marie Thorp 12370 S.W. 225 ST. Goulds, FL 33170	Name: Gary Ciuca Street Address (P.O. Box Number is Not Acceptable): 5774 N.W. 99 PL Suite, Apt. #, Etc.: Miami City: State: FL Zip Code: 33178

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CR2E040 (12/96)

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.

Signature of Registered Agent: [signature] Date: 12/18/97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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] - Beverly Press Treasurer 12/22/97 (305)538-8835 x133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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