

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 15 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000001459

1. Corporation Name

A DOGS BEST FRIEND, INC.

Principal Place of Business

Mailing Address

P.O. BOX 81
CHRISTMAS FL 32709

P.O. BOX 81
CHRISTMAS FL 32709



REINSTATEMENT

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/13/1996

SR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3376538

☒ Applied For
☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	KLOKIS, CHARLOTTE	430 MALTA RD.	ORLANDO FL 32828
VPD	KLOKIS, DAN	430 MALTA RD.	ORLANDO FL 32828
SD	SHAW, CARMEN	18515 E. COLONIAL DR.	ORLANDO FL 32820

800003515558--1
-12/28/00--01042--004
****245.00 ****245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KLOKIS, DANIEL M
430 MALTA RD.
ORLANDO FL 32828

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.

Signature of
Registered Agent

Daniel M. Klokis
REGISTERED AGENT MUST SIGN

Date

12-12-2000

CR20040 (8/00)

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:

Daniel M. Klokis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-12-2000

Daytime Phone #

407-568-6753