

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAY 30 AM 6:58

**DOCUMENT # N97000004757**

**1. Corporation Name**

THE HOT DIGGITY DOG YOUTH FOUNDATION, INC.

**2. Principal Office Address**

11261 DOUGLAS DRIVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33176

Country

U.S.

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 98-00**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

AUGUST 21, 1997

**5. FEI Number**

65-0776457

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

AMERILAWYER CHARTERED

Street Address (P.O. Box Number is Not Acceptable)

343 ALMERIA AVE.

Suite, Apt. #, Etc.

City

CORAL GABLES

State  
**FL**

Zip Code  
33134

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent **NATALIA UTRERA**

Date **5-26-00**

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	EMORY L. WILLIAMS	11261 DOUGLAS DRIVE	MIAMI, FL 33176
V/D	LAMARR J. WILLIAMS	1247 N.W. 50 STREET	MIAMI, FL 33142
S/D	MILDRED V. WILLIAMS	1247 N.W. 50 STREET	MIAMI, FL 33142

**10. 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

Emory L. Williams

Date

5-26-00 (305) 233-2800

Daytime Phone #