

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 OCT 19 PM 4:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006212

1. Corporation Name

DOGGONE DOGS OF S. FLORIDA, INC.

Principal Place of Business

Mailing Address

5704 HALLANDALE BEACH BLVD.  
HOLLYWOOD FL 33023-5242

5704 HALLANDALE BEACH BLVD.  
HOLLYWOOD FL 33023-5242

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. Date Incorporated or Qualified  
To Do Business In Florida

10/30/1998

5. FEI Number

65-0535789

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D P/S	STRAIN, CHARLEEN R	5708 HALLANDALE BEACH BLVD.	HOLLYWOOD FL 33023
D	<del>BIEGER, JAMIE</del>	<del>2831 S.W. 36 STREET</del>	<del>HOLLYWOOD FL 33023</del>
D	<del>LUX, ARTHUR T</del>	<del>4403 ROOSEVELT ST.</del>	<del>HOLLYWOOD FL 33021</del>
D	<del>Kessler</del>		100003043431--9 -11/12/99--01103--034 *****175.00 *****175.00
D	Kessler, Colleen	991 SW 31 ST FT LAUDEDALE	FT LAUDEDALE FL 33315
V	Snyder, Joyce	3024 LA MIRAGE DR	FT LAUDEDALE FL 33319

8. Name and Address of Current Registered Agent

LUX, BRENDA J ESQ.  
5704 HALLANDALE BEACH BLVD.  
HOLLYWOOD FL 33023-5242

9. Name and Address of New Registered Agent 33319-

Name

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

Suite, Apt. #, Etc.

City

100003043431--9

-11/12/99--01103--035

\*\*\*\*\*61.25 \*\*\*\*\*61.25

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/13/99

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

Date

Daytime Phone #

10/13/99  
(954) 964 7354

CR20040 (8/99)