

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 JAN -2 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006212

1. Corporation Name

DOGGONE DOGS OF S. FLORIDA, INC.

Principal Place of Business

5704 HALLANDALE BEACH BLVD.
HOLLYWOOD FL 33023-5242

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

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
PS	STRAIN, CHARLEEN R	5708 HALLANDALE BEACH BLVD.	HOLLYWOOD FL 33023
D	KESSLER, COLLEEN	991 S.W. 31 STREET	FT. LAUDERDALE FL 33315
V	SNYDER, JOYCE	3024 LA MIRAGE DR.	FT. LAUDERDALE FL 33319
			8000003532548--1 -01/11/01--01035--025 *****61.25 *****61.25
			8000003532548--1 -01/11/01--01035--026 ****236.25 ****236.25

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

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-9-2000

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-9-00 954 9687834
Date Daytime Phone #

CR2E040 (8/00)