

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 23 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000006932

1. Corporation Name  
SHIH TZU RESCUE, INC.

2. Principal Office Address <u>17900 SW 50 COURT</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>17900 SW 50 COURT</u> Suite, Apt. #, etc.	
City & State <u>SOUTHWEST RANCHES FL</u>		City & State <u>SOUTHWEST RANCHES, FL</u>	
Zip <u>33331</u>	Country <u>BROWARD</u>	Zip <u>33331</u>	Country <u>BROWARD</u>

800025716048  
12/23/03--01015--007 \*\*245.00  
**REINSTATEMENT 03**

4. Date Incorporated or Qualified To Do Business in Florida  
11/30/1998

5. FEI Number  
65-0873140

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

Applied For  
Not Applicable

7. Name and Address of Current Registered Agent

Name  
ERIC REICHENBACH

Street Address (P.O. Box Number is Not Acceptable)  
17900 SW 50 COURT

Suite, Apt. #, Etc.

City  
SOUTHWEST RANCHES

State  
FL

Zip Code  
33331

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 \_\_\_\_\_ Date \_\_\_\_\_

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
<u>PRES</u>	<u>HARRIET REICHENBACH</u>	<u>17900 SW 50 COURT</u>	<u>SW RANCHES, FL 33331</u>
<u>SEC</u>	<u>ERIC REICHENBACH</u>	<u>17900 SW 50 COURT</u>	<u>SW RANCHES, FL 33331</u>
<u>DIR</u>	<u>BETH DESPEDES</u>	<u>10257 N. LAKE VISTA CIR</u>	<u>DANIE, FL 33328</u>
<u>DIR</u>	<u>RENA WALTERS</u>	<u>9240 SW 53 STREET</u>	<u>COOPER CITY, FL 33328</u>

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] ERIC REICHENBACH 12/17/03 954-907-5229

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

CFR2081 (10/02)