

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AMENDED
CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP -4 AM 10:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

Pekingese Charitable Foundation, Inc.

2. Principal Office Address

1311 W. Irving Blvd.

Suite, Apt. #, etc.

City & State

Irving, TX

Zip

75061

Country

Dallas

3. Mailing Office Address

1311 W. Irving Blvd

Suite, Apt. #, etc.

City & State

Irving, TX

Zip

75061

Country

Dallas

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0875790

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

C T Corporation System

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Michael E. Jones
Assistant Secretary

Date

8/22/03

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
D,VP	William Blair	38 Alpine Road	Greenwich, CT 06830
D,S	Thomas K. Graves, D.V.M.	605 Eliot Drive	Urbana, IL 61801
D	Leonie Marie Schultz	19726 Rainbow Ridge Rd.	Bergton, VA 22811-9720
D,T	Donald Sutton	507 S. Manus Drive	Dallas, TX 75224
D,P	Elizabeth Tilley Poole	240 Shermantown Road	Saunderstown, RI 02374

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

Date

Daytime Phone #

ELIZABETH TILLEY POOLE

799/9