

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG -3 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 9900 0004 366

1. Corporation Name

South Florida Bassett Hound Club Inc.

380078466673
08/08/06--01027--020 **183.75

2. Principal Office Address

4395 SE Sweetwood Way (same)

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

(same)

Zip

34997

Country

USA

Zip

"

Country

"

4. Date Incorporated or Qualified
To Do Business in Florida

7/15/99

5. FEI Number

na

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

Steven Mason

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

3363 Sheridan Street

Suite, Apt. #, Etc.

Suite 201

City

Hollywood

State

FL

Zip Code

33021

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
P&D	Kirk Joiner	1577 SW 218 Street	Douglas, FL 33170
S&D	Michele Misurelli	8111 NW 13 Street	Pembroke Pine, FL 33024
T&D	Marcia Wood	4395 SE Sweetwood Way	Stuart, FL 34997
W	Penny Barnett	2132-10 White Pine Circle	West Palm Beach, FL 33415
W	Lynn Hood	15415 Meadow Wood Drive	Wellington, FL 33414
W	Peter Wood	4395 SE Sweetwood Way	Stuart, FL 34997

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 contained in Chapter 119, 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:

Marcia A. Wood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/06 (772) 286-5778

Date

Daytime Phone #