

FROM :

FAX NO. : 5615474221

Feb 27 2003 01:29PM P2

03 JUN -2 AM 10:17

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

01-07

DOCUMENT # 000 000008919

1. Corporation Name

Bulldog Marketing Inc.

2. Principal Office Address

7408 S. Dixie Hwy

3. Mailing Office Address

7408 S. Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33405

Country

USA

Zip

33405

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-30-02

5. FEI Number

650976896

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

Luke Sheehan

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

7408 S Dixie Hwy

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33405

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 5-29-03

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	Luke Sheehan	7408 S Dixie Hwy	West Palm Beach, FL 33405

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

5-29-03

Date

561-493-1915

Daytime Phone #

FLORIDA
DEPARTMENT
OF REVENUE

**POWER OF ATTORNEY
and Declaration of Representative**

CSOL
DR-835
R. 01/00

PART 1 - POWER OF ATTORNEY

1. TAXPAYER INFORMATION (Taxpayer(s) must sign and date this form on Page 2, Part I, Section 8)

TAXPAYER NAME(S) AND ADDRESS (Please Type or Print)	TAXPAYER IDENTIFICATION NO(S) (SSN, FEIN, etc.)	FL TAX REGISTRATION NUMBER
BULLDOG MARKETING INC. 1855 LOTUS LANE WELLINGTON FL 33414	65-0976896	DAYTIME TELEPHONE NUMBER

Hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2. REPRESENTATIVE(S) (Each representative must be listed individually, and must sign and date this form on Page 2, Part II)

NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER FAX NUMBER
NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER FAX NUMBER
NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER FAX NUMBER

To represent the taxpayer(s) before the Florida Department of Revenue in the following tax matters:

3. TAX MATTERS

TYPE OF TAX (Corp., Sales, Intangible, etc.)	TAX FORM NUMBER (F-1120, DR-15, DR-601, etc.)	YEAR(S) / PERIOD(S) / MATTER(S)
UBR FEE	UNIFORM BUSINESS REPOR	2001, 2002, 2003

4. ACTS AUTHORIZED

The representative(s) are authorized to receive and inspect confidential tax information and to perform **any and all acts** that I (we) can perform with respect to the tax matters described in section 3, (for example, the authority to sign any agreements, consents, or other documents). The authority specifically includes the power to execute waivers of restrictions on assessment or collection of deficiencies in tax, to execute consents extending the statutory period for assessment or claims for refund of taxes, and to execute closing agreements under section 213.21, Florida Statutes. The authority does not include the power to receive refund warrants or the power to sign certain returns.

LIST ANY SPECIFIC ADDITIONS OR DELETIONS TO THE ACTS OTHERWISE AUTHORIZED IN THIS POWER OF ATTORNEY

5. RECEIPT OF REFUND

If you want to authorize a representative named in section 2 to receive, BUT NOT TO ENDORSE OR CASH, refund warrants, initial here and list the name of that representative below.

NAME OF REPRESENTATIVE TO RECEIVE REFUND WARRANTS:

Print Taxpayer Name(s): **BULLDOG MARKETING INC.**

Taxpayer ID # **65-0976896**

Taxpayer(s) must complete Page 1 of this Power of Attorney, or it will be returned.

NOTICES AND COMMUNICATIONS

Notices and other written communications will be sent to the first representative listed in Part I, section 2, unless taxpayer selects one of the options below.

If you want any notices and communications sent to both you and your representative, check this box ☒
 If you do not want any notices or communications sent to your representative, check this box ☐
 If you want the second representative listed to receive such notices and communications, check this box ☐
 If you want the third representative listed to receive such notices and communications, check this box ☐

RETENTION / REVOCATION OF PRIOR POWER(S) OF ATTORNEY

The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Florida Department of Revenue for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check this box ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

SIGNATURE OF TAXPAYER(S)

If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested. If signed by a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, trustee, or fiduciary on behalf of the taxpayer, I declare under penalties of perjury that I have the authority to execute this form on behalf of the taxpayer. Under penalties of perjury, I (we) declare that I (we) have read the foregoing document, and the facts stated in it are true.

This Power of Attorney is not signed and dated, it will be returned.

<u>MSM</u>	<u>2-27-03</u>	<u>PRESIDENT</u>
SIGNATURE	DATE	TITLE (If Applicable)
LUKE M SHEEHAN		
PRINT NAME		
 SIGNATURE	 DATE	 TITLE (If Applicable)
 PRINT NAME		

PART II DECLARATION OF REPRESENTATIVE

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified therein, and to receive confidential taxpayer information;
- I am one of the following:
 - a. Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b. Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c. Enrolled Agent / Actuary - enrolled as an agent or actuary under the requirements of Treasury Department Circular No. 230. (Attach evidence of enrolled status.)
 - d. Law student who is certified pursuant to Chapter 11 of the Rules Regulating the Florida Bar.
 - e. Former Department of Revenue employee. As a tax representative, I cannot accept representation in a matter upon the merits of which I had direct involvement while I was a public employee.
 - f. Other Qualified representative. (Note: Representatives qualifying under this subsection must comply with Rules 12-6.005 and 28-106.106, Florida Administrative Code.);

I have read the foregoing Declaration of Representative and the facts stated in it are true.

Declaration of Representative is not signed and dated, it will be returned.

DESIGNATION - INSERT ABOVE LETTER (a - f)	JURISDICTION (State) or ENROLLMENT CARD NO.	Signature	DATE
B	FLORIDA	<i>CK Cooper</i>	2/28/03

C.R. COOPER, CPA, PA
5350 10TH. Ave. North, Suite 8
Lake Worth, Florida 33463

American Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008

Florida Institute of
Certified Public Accountants

FAX (561) 433-3596

April 28, 2003

Division of Corporations
Uniform Business Report Filings
Tallahassee, Florida 32302-1500

Taxpayer: Bulldog Marketing, Inc.
FEIN: 65-0976896
Tax Form: UBR
Tax Period: 2001,2002,2003

To Whom It May Concern:

We have enclosed check # 2570 in the amount of \$450.00 for the annual renewal of the above corporation.

Please abate the penalty as Mr. Sheehan did not receive the original UBR, and did not intentionally avoid the filing fee. The corporation is fairly new and, therefore, Mr. Sheehan is not completely familiar with the UBR.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,


C. R. Cooper, CPA

Encl.

cc