

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 JAN 27 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

P00000042609  
TAILS AND PAWS, INC

**2. Principal Office Address**

525 NE 65th Street

Suite, Apt. #, etc.

C

City & State

MIAMI

Zip

33138

Country

U.S.

**3. Mailing Office Address**

-

Suite, Apt. #, etc.

City & State

Zip

-

Country

-

700025596187  
01/27/04--01017--014 \*\*150.00

700025596187  
01/27/04--01017--013 \*\*385.00

0304

**4. Date Incorporated or Qualified  
To Do Business in Florida**

4/27/00

**5. FEI Number**

65-1028445

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$3.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

ANGEL E. ARREBA

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

525 NE 65th St.

Suite, Apt. #, Etc.

C

City

MIAMI

700025596187  
12/18/03--01026--010 \*\*150.00

**REINSTATEMENT**

State  
FL

Zip Code

33138

**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

REGISTERED AGENT MUST SIGN

Date

**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	ARREBA, ANGEL E.	525 NE 65th ST "C"	MIAMI, FL 33138

**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:**

ANGEL E. ARREBA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/03 305.776.3111

Date

Daytime Phone #

CR2E081 (10/02)

15

2/2

December 15, 2003

Tails and Paws Inc  
525 NE 65<sup>th</sup> St Ste "C"  
Miami, FL 33138

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: TAILS AND PAWS, INC**

**65-1028445**

**P00000042609**

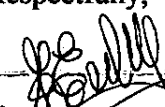
Dear sir/ Madam:

Last year I changed my business address and the post office did not forward me the UBR form, resulting in the corporation being dissolved by you because I never sent the report. Please note that I was not aware that the report was late and I am really sorry for any inconveniences this oversight of mine may cause you.

I like to ask you to please consider the fact, and allow me to reinstate the corporation. Please find the attached Money order for the original filing fee of \$ 150.00.

Correct Address is: **Tails and Paws Inc  
525 NE 65<sup>th</sup> St Ste "C"  
Miami, FL 33138**

Respectfully,

  
**ANGEL E. ARREBA**  
Angel.E. Arreba