

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0000005812

1. Corporation Name

FOUR DOGS, INC.

2. Principal Office Address

700 W 27th STREET

Suite, Apt. #, etc.

City & State

HIALEAH

Zip

33010

Country

MIAMI-DADE

3. Mailing Office Address

6043 NW 201st TERRACE

Suite, Apt. #, etc.

City & State

MIAMI-LAKES, FL

Zip

33015

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/16/2000

5. FEI Number

65-1069630

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

000024260540
10/29/03--01069--012 **458.75

7. Name and Address of Current Registered Agent

Name

ZULY COBAS

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

6043 NW 201st TERRACE

Suite, Apt. #, Etc.

City

MIAMI LAKES

State

FL

Zip Code

33015

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

10/10/03

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
P/S/T	ZULY COBAS	6043 NW 201st TERRACE	MIAMI LAKES, FL 33015
VP	DARIO COBAS	6043 NW 201st TERRACE	MIAMI LAKES, FL 33015

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

10/10/03

Date

305-863-6445

Daytime Phone #

CR2E081 (10/02)

**FOUR DOGS, INC
700 W 27TH STREET
HIALEAH, FL 33010**

October 10th 2003

Florida Department of State
Division of Corporation
P O BOX 1502
Tallahassee, FL 32302

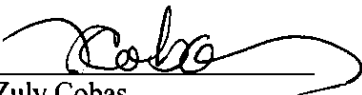
Re: Corporate Reinstatement

Dear Sirs,

I have enclosed the Corporate Reinstatement Form for the above mentioned corporation. I never received the UBR for the year 2001 since I moved to a new location. I am sending in the check in the amount of \$ 458.75 and ask that all penalties be waived.

Thank you.

Sincerely,



Zuly Cobas