

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000112575

1. Corporation Name

POOKIE, INC.

Principal Place of Business

Mailing Address

13889 WELLINGTON TRACE STE A-20
WELLINGTON FL 33414

13889 WELLINGTON TRACE STE A-20
WELLINGTON FL 33414

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 19 PM 7:08



REINSTATEMENT 01

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/08/2000	
City & State		City & State		5. FEI Number	
Zip		Zip		65-1061955-0001	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	HERRON, ROBB W	13889 WELLINGTON TRACE STE A-20	WELLINGTON FL 33414
D	HERRON, PAULA J	13889 WELLINGTON TRACE STE A-20	WELLINGTON FL 33414
D	GREENBERG, GARY	13889 WELLINGTON TRACE STE A-20	WELLINGTON FL 33414
			800004669028--7
			-11/06/01--01056--019
			***750.00 ***750.00

8. Name and Address of Current Registered Agent

BRANNOCK, G. STEVEN
1800 SO. AUSTRALIAN AVE STE 402
WEST PALM BEACH FL 33409

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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 #

CR2E040 (8/01)