

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. pg 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 24 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 801 0000 31748

1. Corporation Name

A Waggin Trail Dog Grooming
And Do it yourself dog wash
INC

2. Principal Office Address

4025 W. Waters Ave
Tampa FL 33614
STE 112

3. Mailing Office Address

SPND
Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Zip Country

Zip

33614

Country

Hillsborough

REINSTATEMENT

04

4. Date Incorporated or Qualified
To Do Business in Florida

3/28/2001

5. FEI Number

593737766

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

TINA M COE

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

314 E Azalea Ave

Suite, Apt. #, etc.

101

City

Tampa

State

FL

Zip Code

33612

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

Tina M Coe

Date

11/1/04

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
PRESIDENT	TINA M COE	314 E Azalea Ave	Tampa FL 33614

700042558437
11/08/04--01046--014 **150.00

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:

Tina M Coe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

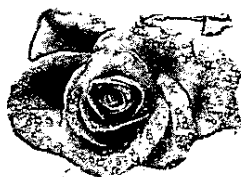
Date

11/1/04 (813) 885-4960

Daytime Phone #

CR2E081 (01/04)

pg 2 of 2



A. Waggin Tail
4025 W. Waters Ave. # Stc112
Tampa, FL 33614-1976

~~I did not receive
The Original Bell
Could I please get
The Late Fee
Waived.~~

With much
Thanks

Lina M Coe
Lina M Coe