PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State **DIVISION OF CORPORATIONS**

P01000048124 DOCUMENT #

1. Corporation Name

BARK AT THE DOG PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

Signature of Registered Agent

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FILED

SECRETARY OF STATE FALLAHASSES. FLORIDA

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|--|--|---|----------------|---|---|-------------------------|-----------------------|---|
| If above | e addresses are incorrect in any way, line t | information and enter correction below. | | 4. Date Incorporated or Qualified To Do Business in Florida | | | | |
| | Principal Office Address, If Applicable | New Mailing Office Address, If Applicable | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 05/09/2001 5. FEI Number Applied For | | | |
| City & St | ate | City & State | | . | 5. 1 21 Tumbo | 59-3731644 | | Not Applicable |
| Zip | Country | Zip | | Country | 6. CERTIFICATE | OF STATUS DESIRED | \$8.75 Ad for a Co | ditional Fee required ertificate of Status |
| 7. Name | s and Street Addresses of Each Officer an | d/or Director (Flo | orida nonprofi | t corporations must list at lea | st 3 directors) | | | |
| Title(s) | Name of Officers and/or Directors | | 3 | Street Address of Each Officer and/or Director | | City / State / Zip | | |
| D | POWELL, TIMOTHY A | 5103 PELLEPORT AVE | | | ORLANDO FL 32812 | | | |
| | | | | | · · · · · · · · · · · · · · · · · · · | | · | |
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| | | | | | 10/13 | #DD2374 /0301060 | 1865 007 ** | 1 158.75 |
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| _ | | | | | | | zł. | |
| 8. Name and Address of Current Registered Agent | | | | | Name and Address of New Registered Agent | | | |
| Name | | | | | | | | |
| POWELL, TIMOTHY A 5103 PELLEPORT AVE ORLANDO FL 32812-1126 | | | | Street Address (F | Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. | | | |
| | | | | Suite, Apt. #, Etc. | | | | |
| | | | | City | | | State Zip | Code |
| 10. I, be | ing appointed the registered agent of the al | _ | oration, am fa | miliar with and accept the ob | oligations of Sect | ion 607.0505, F.S. or 6 | 317.0505, F.S. | |

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

SIGNATURE:

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Bark at the Dog Productions, Inc.

5103 Pelleport Avenue Orlando, FL 32812-1126

407-857-9990

10/9/03

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

Dear Sirs,

Thanks for all your help. I was expecting to, but apparently did not receive the prior notice for reinstating the Corporate Status for Bark at the Dog Productions, Inc.

It must be somewhere between here and Tallahassee.

I have enclosed the reinstatement application with appropriate fees.

Please contact me as soon as possible if there are any questions or problems with this application.

Sincerely,

Timothy A. Powell

President,

Bark at the Dog Productions, Inc.

407-857-9990