

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P01000049594**

1. Corporation Name

**ALL PAWS & CLAWS PET SERVICES, INC.**

Principal Place of Business

Mailing Address

437 NORTH HALIFAX AVENUE, #6  
DAYTONA BEACH FL 32118

437 NORTH HALIFAX AVENUE, #6  
DAYTONA BEACH FL 32118

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

GARY HARDMAN

Suite, Apt. #, etc.

41 BICKWICK LN.

City & State

Palm Coast FL

Zip

32137-9363

Country

FLORIDA

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/17/2001

5. FEI Number

59-3719028

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HARDMAN, GARY L	437 NORTH HALIFAX AVENUE, #6	DAYTONA BEACH FL 32118
D	BOGAN, TERRI	437 NORTH HALIFAX AVENUE, #6	DAYTONA BEACH FL 32118

000043799050  
01/03/05--01025--020 \*\*661.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARDMAN, GARY L  
437 NORTH HALIFAX AVENUE, #6  
DAYTONA BEACH FL 32118

Name GARY L. HARDMAN  
Street Address (P.O. Box Number is Not Acceptable)  
41 BICKWICK LN.  
Suite/Apt. #, Etc.  
Palm Coast FL  
City 32137-93 Palm Coast State FL Zip Code 32137-9363

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. or 617.0505, F.S.

Signature of Registered Agent

Gary L. Hardman GARY L. HARDMAN  
REGISTERED AGENT MUST SIGN

Date

12/5/04

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:

Gary L. Hardman GARY L. HARDMAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/5/04

Daytime Phone #

386  
679-2781



REINSTATEMENT 03-05

FILED  
05 JAN -3 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E040 (7/03)