

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 # P01000050833

1. Corporation Name

HALLANDALE PET SALON, INC.

Principal Place of Business

Mailing Address

1025 E.
1027 HALLANDALE BEACH BLVD #17
HALLANDALE FL 33009

1025 E.
1027 HALLANDALE BEACH BLVD #17
HALLANDALE FL 33009

FILED

04 DEC 14 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-04

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

2. New Principal Office Address, If Applicable

1025 E. Hallandale Beach Blvd.
Suite, Apt. #, etc. #17

3. New Mailing Office Address, If Applicable

1025 E. Hallandale Beach Blvd.
Suite, Apt. #, etc. #17

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/2001

5. FEI Number

65-1107721

Applied For

Not Applicable

City & State

Hallandale Beach, FL

Zip 33009

Country

City & State

Hallandale Beach, FL

Zip 33009

Country

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| PSTD | LEVINA, KONSTANCIJA | 1025 E. Hallandale Beach Blvd #17 | HALLANDALE FL 33009 |
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R12/15

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KONSTANEIJA, LEVINA
1690 NE 191 ST APT 307
NORTH MIAMI BEACH FL 33179

Name

Levina, Konstancija

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

1025 E. Hallandale Beach Blvd.

Suite, Apt. #, Etc.

#17

City

Hallandale Beach

State

FL

Zip Code

33009

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

K. Levina

REGISTERED AGENT MUST SIGN

Date 12-08-04

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-08-04

Date

(954) 456-8070

Daytime Phone #

CR2E040 (7/03)