

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Page 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000056698**

1. Corporation Name

Doggtown TATTOOS, Inc.

2. Principal Office Address

20 NE 167 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

20 NE 167 ST.

Suite, Apt. #, etc.

City & State

N. MIAMI, FLA.

City & State

N. MIAMI, FLA.

Zip

33162

Country

USA

Zip

33162

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-01-00

5. FEI Number

65116750

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

JUAN C. ROSA

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

20 NE 167 ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33162

100073506881
05/01/06--01055--018 **450.00

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

Juan C. Rosa

REGISTERED AGENT MUST SIGN

Date **04-14-06**

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 |
|----------|--------------------------------------|---|-----------------------|
| P | JUAN C. ROSA | 20 NE 167 ST. | MIA, FLA 33162 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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 contained in Chapter 119, 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:

Juan C. Rosa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-14-06 305-957-7032

Date


Daytime Phone #

To Whom it MAY CONCERN,

Due to A CHANGE OF ADDRESS WE ~~payor~~
did NOT RECEIVE OUR 2004 ANNUAL REPORT.

WE WOULD BE VERY APPRECIATIVE IF YOU
COULD WAIVE THE \$600.00 REINSTATEMENT
FEE. ENCLOSED IS A CHECK FOR \$450.00.

THANK YOU IN ADVANCE FOR YOUR
COOPERATION IN THIS MATTER.

A handwritten signature in dark ink, appearing to be a stylized 'J' or 'K' followed by a long horizontal stroke.