

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 17 AM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000065293**

1. Corporation Name

SunDog Ventures, Inc.

2. Principal Office Address

2417 Regal Drive

Suite, Apt. #, etc.

City & State

Lutz, Florida

Zip

33549

Country

United States

3. Mailing Office Address

2417 Regal Drive

Suite, Apt. #, etc.

City & State

Lutz, Florida

Zip

33549

Country

United States

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

June 28, 2001

5. FEI Number

59-3740135

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

Michael T. Glazer

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

2417 Regal Drive

Suite, Apt. #, Etc.

City

Lutz

State
FL

Zip Code
33549

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

REGISTERED AGENT MUST SIGN

Date **March 10, 2003**

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
D	Michael T. Glazer	2417 Regal Drive	Lutz FL 33549
D	Stephen E Pagliocca	508 W North Bay St	Tampa FL 33603

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael T Glazer

Date

Mar 10, 2003

Daytime Phone #

8133902108

CR2E081 (10/02)