


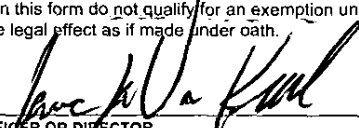
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 03 MAR 24 PM 2:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P01000087236					
1. Corporation Name LAV K-9 Enterprises, Inc.					
2. Principal Office Address 5909 Lords Ave Sarasota			3. Mailing Office Address 5909 Lords Ave		
Suite, Apt. #, etc. F. /			Suite, Apt. #, etc.		
City & State Sarasota FL			City & State Sarasota FL		
Zip 34231	Country USA	Zip 34231	Country USA	REINSTATEMENT 01-25-02 9/123 035 758	
4. Date Incorporated or Qualified To Do Business in Florida Sept 5 2001				5. FEI Number 65-1144103	
				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Roosevelt S. Isaac Sr.		
Street Address (P.O. Box Number is Not Acceptable) 347 South Orange Ave 900014452399		
Suite, Apt. #, Etc. 03/24/03--01008--006 **150.00		
City Arcadia	State FL	Zip Code 34246

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 Roosevelt S. Isaac, Sr.	Date 3-16-03
REGISTERED AGENT MUST SIGN	

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
PRES	Lawrence LaVon Kennel	5909 Lords Ave	SARASOTA FL 34231
V	Lawrence LaVon Kennel	5909 Lords Ave	SARASOTA FL 34231
T	Lawrence LaVon Kennel	5909 Lords Ave	SARASOTA FL 34231
S	Lawrence LaVon Kennel	5909 Lords Ave	SARASOTA FL 34231

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: Lawrence LaVon Kennel	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date	Daytime Phone # 941/925/7126