

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS



FILED

02 NOV 26 AM 8:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000098167

1. Corporation Name

KOZY KRITTERS PET SITTING, INC.

Principal Place of Business

820 FALCON AVENUE
MIAMI SPRINGS FL 33166

Mailing Address

820 FALCON AVENUE
MIAMI SPRINGS FL 33166



100009223841
11/26/02--01053--007 **150.00

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/2001

5. FEI Number

65-1157878

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
PSD	MILLER, CATHERINE	820 FALCON AVENUE	MIAMI SPRINGS FL 33166
D	MILLER, DIANE	820 FALCON AVENUE	MIAMI SPRINGS FL 33166

8. Name and Address of Current Registered Agent

BRANDENBURG, CONSTANCE L ESQ.
100 WEST DRIVE
MIAMI SPRINGS FL 33166

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11-20-02

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

Date

Daytime Phone #

11-20-02

205 885 7613

CR2E040 (8/02)

To whom it may concern

Please accept my check
for \$150 for application for
reinstatement previous notice was
not received

Thank You
Catherine Miller