

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 23 AM 10:09

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000113511

1. Corporation Name

Working Dogs International, Inc.

100152076981
04/23/09--01029--007 **900.00

REINSTATEMENT

2. Principal Office Address - No P.O. Box #

10800 Island Grove Rd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clermont, FL

City & State

Zip

34711

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/2001

5. FEI Number

593758784

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
Stacy R. Johnson

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

10800 Island Grove Rd.

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Stacy R. Johnson

REGISTERED AGENT MUST SIGN

Date

4/20/09

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/CEO	Stacy R. Johnson	10800 Island Grove Rd	Clermont FL 34711
VP	Alyse Bradley	4628 Cypress Cove Dr.	Louisville, KY 40218

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:

Stacy R. Johnson, P/CEO

4/20/09

Date

407-406-9345

Daytime Phone #

dr

Working Dogs International, Inc.

April 21, 2009

10800 Island Grove Road

Clermont, FL 34711

Department of State

Division of Corporations

P.O. Box 6327

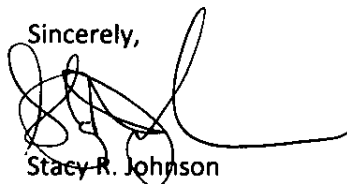
Tallahassee, FL 32314

Dear Sir/Madam:

I never received any prior notices due to the fact that they were sent to my old address and I request that the reinstatement fee be waived.

Thank you in advance for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Stacy R. Johnson', with a long horizontal flourish extending to the right.

Stacy R. Johnson

President/CEO