

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

<b>CORPORATION REINSTATEMENT</b>	<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

04 MAY 13 PM 4: 01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P02000014559

1. Corporation Name

**ADRON'S QUALITY KENNELS, INC.**

<b>2. Principal Office Address</b> 2762 NW 4th STREET Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 2762 NW 4th STREET Suite, Apt. #, etc.	
<b>City &amp; State</b> OKEECHOBEE, FL		<b>City &amp; State</b> OKEECHOBEE, FL	
<b>Zip</b> 34972	<b>Country</b> USA	<b>Zip</b> 34972	<b>Country</b> USA

**REINSTATEMENT**

03-04

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 2/4/2002	
<b>5. FEI Number</b> 02-0547691	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

**7. Name and Address of Current Registered Agent**

<b>Name</b> CHAMBERS, TRAVIS J.	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1300 SW 10TH AVENUE	
<b>Suite, Apt. #, Etc.</b>	
<b>City</b> OKEECHOBEE	<b>State Zip Code</b> FL 34974

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05/25/04--01010--020 \*\*900.00

**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


Date

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
P/S/D	CHAMBERS, TRAVIS J.	1300 SW 10TH AVENUE	OKEECHOBEE, FL 34974
V/T/D	CHAMBERS, ROSS A.	6131 NW GINGER LANE	PORT ST. LUCIE, FL 34986

**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.**

<b>SIGNATURE:</b> 	<b>TRAVIS J. CHAMBERS</b>	<b>MAY 12, 2004</b>	<b>863-763-6255</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

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