

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 19 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000066059**

1. Corporation Name

KENNELSTATION INC.

Principal Place of Business

23850 SW 129 AVE
MIAMI FL 33032

Mailing Address

23850 SW 129 AVE
MIAMI FL 33032

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

06/14/2002

5. FEI Number

30-0085276

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)

Title(s)

1

Name of Officers
and/or Directors

2

Street Address of Each
Officer and/or Director

3

City / State / Zip

4

PSTD

GARCIA, MARIA I

23850 SW 129 AVE

MIAMI FL 33032

000024855220

11/19/03--01044--011 **150.00

8. Name and Address of Current Registered Agent

GARCIA, MARIA I
23850 SW 129 AVE
MIAMI FL 33032

9. Name and Address of New Registered Agent

Name

SAME

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

Maria I. Garcia
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/10/03

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:

Maria I. Garcia
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/03 (305) 258-9030
258-9030

CR2E040 (7/03)



COMPLETE PET CARE SERVICE SOLUTION

When You can't be there, WE WILL!

(305) 258-9030

Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

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Operating Hours: Monday thru Friday = 9:00 am - 6:00 pm

Sunday - Holidays = By Appointment

• REGISTERED • CERTIFIED • BONDED • INSURED

e-mail: info@kennelstation.com

To Whom It May Concern,

I would like to return KennelStation Inc., a dissolved/revoked corporation,
to "Active" Status.

Unfortunately the two previous UBR notices were not received they were
delivered to an abandoned mailbox adjacent to this property.

I would very much like to reinstate and ask you to file this report without penalty.

I'm including the \$150.00 reinstatement fee.

Sincerely,

Maria I Garcia
PSTD
KennelStation Inc.

PROUD MEMBER OF:



WE ACCEPT

