

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR -1 PM 1:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000067011

1. Corporation Name

New York DAWGZ INC

REINSTATEMENT 03-04

700029591807
03/01/04--01042--006 **300.00

2. Principal Office Address

540 WASHINGTON AVE

Suite, Apt. #, etc.

3. Mailing Office Address

540 WASHINGTON AVE

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

Zip

33139

Country

DADE

Zip

33139

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/17/02

5. FEI Number

48-126-3386

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

Wilson UREÑA

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

5151 LOMA VISTA Circle

Suite, Apt. #, Etc.

APT. # 213

City

QUEIDO

State

FL

Zip Code

32765

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 02/25/04

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	Wilson UREÑA	5151 LOMA VISTA Circle	QUEIDO FL 32765
V	STEVEN RODRIGUEZ	198-36 98th St	HOLLIS NY 11423

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/25/04

Daytime Phone #

(917) 807-8053

CR2E081 (01/04)