

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 21 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000074060

1. Corporation Name

PUPPY'S PARADISE, INC.

Principal Place of Business

7410 LINCOLN ST
HOLLYWOOD FL 33024

Mailing Address

7410 LINCOLN ST
HOLLYWOOD FL 33024



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

2. New Principal Office Address, If Applicable

925 N. University Dr

Suite, Apt. #, etc.

Coral Springs, FL

City & State

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

07/08/2002

5. FEI Number

☒ 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
P	SILVERIO, LAZARO R	7410 LINCOLN ST	HOLLYWOOD FL 33024
T	SILVERIO, YUDIT	7410 LINCOLN ST	HOLLYWOOD FL 33024

900023965149
10/21/03--01040--001 **150.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

SILVERIO, LAZARO R
7410 LINCOLN ST
HOLLYWOOD FL 33024

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

[Signature]
REGISTERED AGENT MUST SIGN

Date Oct. 15-2003

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)(l), 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

Oct. 15-2003 954-227-9553

Date

Daytime Phone #

CR2040 (7/03)

2/2

Puppy's Paradise

7410 Lincoln st
Hollywood, FL-33024
(954) 227-9553


To whom it may concern;

I just received a notice that my corporation is been dissolved as of September 19, 2003 because I didn't file a corporation annual report.

The reason I didn't file was because I just learn now about this report. This is my first year in business and I didn't receive any notification or application to do this.

I will really appreciate if the reinstatement fee could be waived this year. Sorry for any inconvenient this may have cause.

Sincerely



Roger L. Silverio
President
Document # P02000074060