

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 10/2/12

APPLICATION FOR REINSTATEMENT

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # P02000096886

1. Corporation Name

VON ASGARD K-9 CENTER, INC.

04 MAR -9 AM 8:00

REINSTATEMENT 03-04

Principal Place of Business

Mailing Address

35571 STATE ROAD 70 EAST
 MYAKKA CITY, FL 34251

P. O. BOX 331
 MYAKKA CITY FL 34251

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/09/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

11-3651646

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRES.	LINDA M. WERLEIN	35571 SR 70 E. / P.O. BOX 331	MYAKKA CITY, FL 34251
SEC.	LINDA M. WERLEIN	35571 SR 70 E. / P.O. BOX 331	MYAKKA CITY, FL 34251
TREAS.	LINDA M. WERLEIN	35571 SR 70 E. / P.O. BOX 331	MYAKKA CITY, FL 34251
			700024764417 11/17/03-01103-017 **150.00
			700024764417 03/09/04 01035-014 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WERLEIN, LINDA M
 35571 STATE ROAD 70 E. / P. O. BOX 331
 MYAKKA CITY FL 34251

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

Linda M. Werlein
 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:

Linda M. Werlein
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/10/03

941-322-0705
 Daytime Phone #

CR20040 (7/03)

please Do Not Remove - 292 2/2

Von Asgard K-9 Center, Inc.

35571 State Road 70 East

P. O. Box 331 Myakka City FL 34251

941.322.0705

Vasgard@aol.com www.VonAsgard.com

10 Oct. 2003

Dear Sirs,

Enclosed please find our check for the \$150.00 reinstatement fees (\$61.25 Annual Report Fee + \$88.75 Corporate Supplemental Fee) and an Application for Reinstatement of the Florida Corporation, Von Asgard K-9 Center, Inc. I do not recall even receiving any of the previous notifications that you state were sent to us. We would have surely responded to them had we received them.

We hope that with this letter, signed reinstatement application and check for fees due will bring our corporation into compliance. We wish to remain a viable Florida Profit Corporation.

Thank you in advance for your consideration.

Sincerely,



Linda M. Werlein
President