

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P020000115589**

1. Corporation Name **MILLION DOLLAR DOG COMPANY**

FILED
08 DEC 29 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FL 32307

200139405212
12/31/08--01075--004 **600.00

REINSTATEMENT 05-08

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

102 NE 2ND ST

Suite, Apt. #, etc.

STE 185

City & State

BOCA RATON FL

Zip

33432

Country

USA

3. Mailing Office Address

102 NE 2ND ST

Suite, Apt. #, etc.

STE 185

City & State

BOCA RATON FL

Zip

33432

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-25-2002

5. FEI Number

141853635

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

DEREK CAVAN

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

102 NE 2ND ST

Suite, Apt. #, Etc.

SUITE 185

City

BOCA RATON

State

FL

Zip Code

33432

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **9-10-2008**

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	DEREK CAVAN	102 NE 2ND ST, STE 185	BOCA RATON, FL 33432

200139405212
12/31/08--01075--004 **150.00

09/12/30

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 contained in Chapter 119, 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:

DEREK CAVAN

9-10-2008

934-445-1360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #