

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000070629

Entity Name: FAUX PAWS, INC.

FILED
Oct 19, 2004
Secretary of State

Current Principal Place of Business:

10201 SABAL PALM AVE
CORAL GABLES, FL 33156

New Principal Place of Business:

5824 SW 73RD STREET
SOUTH MIAMI, FL 33143

Current Mailing Address:

10201 SABAL PALM AVE
CORAL GABLES, FL 33156

New Mailing Address:

5824 SW 73RD STREET
SOUTH MIAMI, FL 33143

FEI Number: 20-0059068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINKERT, STEVEN
9130 S DADELAND BLVD #1528
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SAWYER, MELANIE
Address: 10201 SABAL PALM AVE
City-St-Zip: CORAL GABLES, FL 33156

Title: D () Delete
Name: SCHWADE, KARYN
Address: 10201 SABAL PALM AVE
City-St-Zip: CORAL GABLES, FL 33156

Title: D (X) Delete
Name: GOODMAN, DALE
Address: 10201 SABAL PALM AVE
City-St-Zip: CORAL GABLES, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELANIE SAWYER FOR FAUX PAWS

D

10/19/2004

Electronic Signature of Signing Officer or Director

Date