

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

FILED

2006 JUL 12 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000105064

1. Corporation Name  
**PREMIER K-9, INC.**

2. Principal Office Address <b>180 SE 7TH STREET</b>		3. Mailing Office Address <b>180 SE 7TH STREET</b>	
Suite, Apt. #, etc. <b>APT #1</b>		Suite, Apt. #, etc. <b>APT #1</b>	
City & State <b>DEERFIELD BEACH, FL</b>		City & State <b>DEERFIELD BEACH, FL</b>	
Zip <b>33441</b>	Country <b>USA</b>	Zip <b>33441</b>	Country <b>USA</b>

4. Date Incorporated or Qualified To Do Business in Florida **09/24/2003**

5. FEI Number **20-0250529**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**OTTO L. LECUONA, JR.**

Street Address (R.O. Box Number is Not Acceptable)  
**180 SE 7TH STREET**

Suite, Apt. # Etc.  
**APT #1**

City  
**DEERFIELD BEACH**

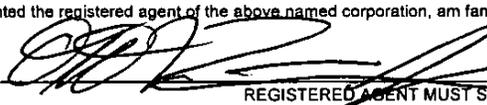
State  
**FL**

Zip Code  
**33441**

*REINSTATEMENT OF 06*

*B 7/17/06*

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 **7/06/06**

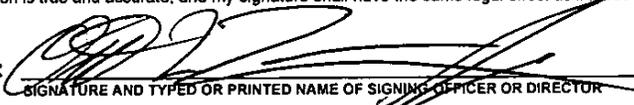
REGISTERED AGENT MUST SIGN

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
PSTD	OTTO L. LECUONA, JR.	180 SE 7TH ST., APT #1	DEERFIELD BEACH, FL 33441

600077711366  
07/19/06--01009--006 \*\*450.00

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:  07/06/2006 954-650-0365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PREMIER K-9, INC.

*Page 0202*

July 7, 2006

Department of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Premier K-9, Inc. - Corporation Reinstatement

Dear Sir/Madame:

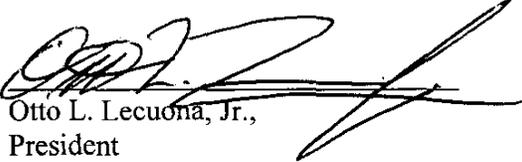
Please be advised that I, Otto L. Lecuona, Jr., President of Premier K-9, Inc. (the "Corporation") did not receive the annual reports for the years 2004 through 2006 because the Corporation had changed its principal mailing and mailing office address. I respectfully request that the reinstatement fee of \$600.00 be waived due to the above stated reason.

Enclosed is the completed Corporation Reinstatement, together with a check totaling in the amount of \$450.00 made payable to the Department of State representing the annual report fees due to date.

Should you have any questions regarding the foregoing, please feel free to contact me.

Thank you for your cooperation.

Kind regards,

  
Otto L. Lecuona, Jr.,  
President

Encl.