

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT  
2008-2016**



**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

**FILED**  
**16 SEP 20 AM 8:25**

**DOCUMENT #** P030000105064

1. Corporation Name

**PREMIER K-9, INC.**

2. Principal Office Address - No P.O. Box # 2390 W. SPRING LEAF LANE Suite, Apt. #, etc.		3. Mailing Office Address 2390 W. SPRING LEAF LANE Suite, Apt. #, etc.	
City & State LECANTO, FL Zip Country 34461		City & State LECANTO, FL Zip Country 34461	

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 09/24/2003	
5. FEI Number 20-0250529	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  
**OTTO L. LECUONA, JR.**

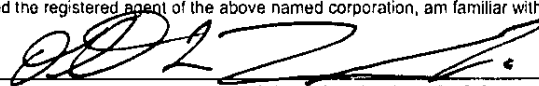
Street Address (P.O. Box Number is Not Acceptable)  
**2390 W. SPRING LEAF LANE**

Suite, Apt. #, Etc.

City <b>LECANTO</b>	State <b>FL</b>	Zip Code <b>34461</b>
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**600290404866**  
**09/20/16--01011--003 \*\*1350.00**

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 **9/13/16**


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	OTTO, L. LECUONA, JR.	2390 W. SPRING LEAF LANE	LECANTO, FL 34461

10. E-mail Address: **otto@pk9.us**  
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

**SIGNATURE:**  **9/13/16** **352-436-4136**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**K ASHTON**

# OLIVER & COMPANY, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

www.OliverCo.com

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September 6, 2016

Florida Department of State  
Division of Corporations  
Reinstatement /Amendment Section  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Premier K-9 Inc.

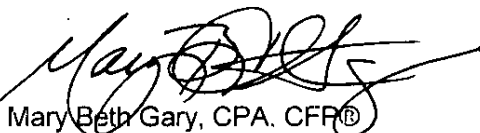
We are writing on behalf of the above-mentioned Corporation, Premier K-9 Inc., created on June 25, 2015 - document number P15000055278. Please dissolve this Corporation as it is a duplication of an existing Corporation of the same name for which we are requesting reinstatement. Attached are the Articles of Dissolution and fee in the amount of \$35. The owner and President of this Corporation, Otto L. Lecuona, Jr. has no intention of reviving this entity.

In its place, please reinstate the Corporation, Premier K-9, Inc., created on September 24, 2003 - document number P03000105064, FEIN number 20-0250529. This Corporation was administratively dissolved as of September 26, 2008. Attached are the Corporation Reinstatement Form and fees in the amount of \$1,950 which include the reinstatement fee of \$600 plus \$1,350 (\$150 \*9) for each year from 2008 through 2016.

If you have any questions, or require more information, please do not hesitate to contact me.

Sincerely,

OLIVER & COMPANY, P.A.

  
Mary Beth Gary, CPA, CFP®  
Managing Director

MBG/kd

Enclosures

cc: Otto L. Lecuona, Jr.

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