

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000123394

1. Entity Name
CREATIVE DOGGIE BEDS, INC.



FILED

04 NOV 12 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11082004 REIN-P CR2E098 (6/04)

4. FEI Number
20-0339881

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOODMAN; WILLIAM L
6320 39TH ST N
SUITE C
PINELLAS PARK, FL 33781

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **11/9/04**

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	THRASH, RENDER H	
STREET ADDRESS	138 81ST AVENUE NE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33702	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODMAN, WILLIAM L	
STREET ADDRESS	3360 SHORE ACRES BOULEVARD NE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

REINSTATEMENT

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **11/9/04** 727-528-9616 X
Daytime Phone #

Zeel 2

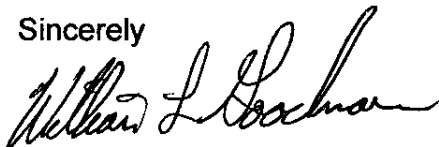
November 8, 2004

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

Our original annual report form was rejected for missing FEI Number. We did not receive that rejected form therefore the Entity: Creative Doggie Beds, Inc. was administratively dissolved. Enclosed you will find a 2004 For Profit Corporation Reinstatement form and a copy of our canceled check originally dated 7/21/04 for \$150.00 (annual registration fee). We would like to have this company reinstated as soon as possible. Please contact me if you have any questions or issues in this matter.

Sincerely



William L. Goodman
President
Creative Doggie Beds, Inc.
6320 39th St. N. Suite C
Pinellas-Park, FL 33781
727-528-9616 Office
727-527-3105 Fax

[Faint, illegible text at the bottom of the page, possibly a stamp or bleed-through]