

2005 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P03000144429

1. Entity Name
DOGPOND SALOON, INC.



05 APR 19 PM 4:29

Principal Place of Business
1406 EAST MOODY BLVD. HWY. 100 EAST
BUNNELL, FL 32110

Mailing Address
1406 EAST MOODY BLVD. HWY. 100 EAST
BUNNELL, FL 32110

2. Principal Place of Business

3. Mailing Address

P.O. Box 2223

Suite, Apt. #, etc.

Suite, Apt. #, etc.

REINSTATEMENT CR2E098 (6/04) 04-05

City & State

City & State
BUNNELL FL

4. FEI Number

200449630

Applied For

Not Applicable

Zip

Country

Zip 32110

Country US A

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

OLSEN, RICHARD H
1406 EAST MOODY BLVD. HWY. 100 EAST
BUNNELL, FL 32110

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/23/05

DATE

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO/PRESIDENT
RICHARD H. OLSEN
P.O. Box 2223
BUNNELL FL. 32110 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
09/08/04 90122 028 \$550.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200053920122
05/05/05--01052--004 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

Richard H. Olsen

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2/23/05

my name is RICH OLSEN and I own
the Dogpound Saloon, inc. I never
received a letter stating that I
forgot my FEIN #. My mailing address
is P.O. Box 2223, BUNNELL FL 32110,
so here is my check for 2005
Annual report and my reinstatement
form, with my FEIN. #, Please waive
additional fees.

Thankyou,

Rich Olsen CEO.