

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR 25 AM 7:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000034685

1. Corporation Name

Puppies & More Inc.

100102636051
05/16/07--01027--018 **450.00

REINSTATEMENT 05-07
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

1077 W. US HWY. 90

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

110

Suite, Apt. #, etc.

City & State

Lake City, Florida

City & State

Zip

32055

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Feb. 2004

5. FEI Number

41-2127719

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

ALBERT A. DeLUCCA III

Street Address (P.O. Box Number is Not Acceptable)

436 S.W. LOTTIE CT.

Suite, Apt. #, Etc.

City

Lake City

State
FL

Zip Code
32024

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Albert A. DeLuca III
REGISTERED AGENT MUST SIGN

Date

4/16/07

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
owner	ALBERT A. DeLUCCA III	436 S.W. LOTTIE CT.	LAKE CITY FL 32024
owner	Kristin L. DeLuca	436 S.W. LOTTIE CT.	LAKE CITY FL 32024

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:

Albert A. DeLuca III ALBERT A. DeLUCCA III 4/16/07 (386) 752-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #