

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000015289

Entity Name: BARK CENTRAL PET RESORT, INC.

FILED
Oct 04, 2007
Secretary of State

Current Principal Place of Business:

7124 ALOMA AVENUE
WINTER PARK, FL 32792 US

New Principal Place of Business:

Current Mailing Address:

7124 ALOMA AVENUE
WINTER PARK, FL 32792 US

New Mailing Address:

FEI Number: 56-2498187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FONTANEZ, SHERRY
5904 LAKE CHAMPLAIN DRIVE
ORLANDO, FL 32829 US

Name and Address of New Registered Agent:

REID, PATRICIA
2885 BABYLON CT
OVIEDO, FL 32765 US

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.

SIGNATURE: PATRICIA REID

10/04/2007

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FONTANEZ, SHERRY
Address: 5904 LAKE CHAMPLAIN DRIVE
City-St-Zip: ORLANDO, FL 32829 US

Title: VP (X) Delete
Name: FONTANEZ, SHERRY
Address: 5904 LAKE CHAMPLAIN DRIVE
City-St-Zip: ORLANDO, FL 32829 US

Title: S (X) Delete
Name: FONTANEZ, SHERRY
Address: 5904 LAKE CHAMPLAIN DRIVE
City-St-Zip: ORLANDO, FL 32829 US

Title: T (X) Delete
Name: FONTANEZ, SHERRY
Address: 5904 LAKE CHAMPLAIN DRIVE
City-St-Zip: ORLANDO, FL 32829 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: REID, PATRICIA
Address: 2885 BABYLON CT
City-St-Zip: OVIEDO, FL 32765 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA REID

P

10/04/2007

Electronic Signature of Signing Officer or Director

Date