

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY 30 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

500130445865
05/30/08--01004--002 **450.00

CR2E081 (12/07)

DOCUMENT # P05000110644

1. Corporation Name

CRIPPLE DOG, INC.

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

4141 Dorchester Road

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

NORTH CHARLESTON, SC

City & State

Zip

29405

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/09/2005

5. FEI Number

20-3304325

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

BRENNAN MANNA & DIAMOND, P.C.

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

76 S. LAURA STREET

Suite, Apt. #, Etc.

SUITE 2110

City

JACKSONVILLE

State

FL

Zip Code

32202

☒ 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

MICHAEL R. FREDERICKS
REGISTERED AGENT MUST SIGN

Date

5/27/08

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
	Thomas Gregg Holloway, PTS	4141 Dorchester Road	NORTH CHARLESTON, SC 29405

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Gregg Holloway 5/19/08 (843) 766-6010

Date

Daytime Phone #

BRENNAN, MANNA & DIAMOND

76 South Laura Street ♦ Suite 2110 ♦ Jacksonville, FL 32202 ♦ www.bmdpl.com

Violet A. Cipolla
Phone: (904) 366-1510
Fax: (904) 366-1501
vacipolla@bmdpl.com

May 27, 2008

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

Attn: Department of Reinstatement of Corporations

RE: CRIPPLE DOG, INC.
DOC. NO. P05000110644


Dear Sir or Madam:

Enclosed is an application for reinstatement of the above referenced corporation. Per instructions we received from the Department's examiners, we are enclosing our check in the amount of \$450.00 to cover the reinstatement fee.

Please provide us with a Certificate of Status after reinstatement. Enclosed is our check in the amount of \$8.75 to cover this fee.

Please call me at 904/366-1510 if you have any questions or need additional information.

Cordially,



Violet A. Cipolla
Paralegal

VAC:vac