

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 12 PM 1:32

DOCUMENT # P05000141849

1. Corporation Name

Super Comfort Kennels, Inc.

W09-43943

100161247361
10/01/09--01044--006 **158.75

KS

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

235 West 25th Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

REINSTATEMENT
CR2E081 (12/08) 08-09

City & State

Hialeah, FL

City & State

Zip

33010

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
20-3660582

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
Leon Restrepo

Street Address (P.O. Box Number is Not Acceptable)
235 West 25th Street

Suite, Apt. #, Etc.

City
Hialeah

State
FL

Zip Code
33010

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

Date 09-28/09

REGISTERED AGENT MUST SIGN

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
President	Leon Restrepo	235 west 25 st	Hialeah fl 33010
vice	Faber A Restrepo	235 west 25 st	Hialeah fl 33010

100161247361
10/30/09--01032--101 **158.00

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

09/28/09 305-887-8520

Date Daytime Phone #