


2007 FOR PROFIT CORPORATION REINSTATEMENT

Ag 10/2

FILED

2007 DEC 17 PM 6:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000156902		
1. Entity Name THE PUPPY SHOP, CORP.		

Principal Place of Business 10271 PINES BLVD. PEMBROKE PINES, FL 33026	Mailing Address 10271 PINES BLVD. PEMBROKE PINES, FL 33026
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3/28/07 90019 038 150-00
12132007 REIN-P CR2E098 (1/07)

4. FEI Number 26-0130330		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GONZALEZ, MANUEL 10271 PINES BLVD. PEMBROKE PINES, FL 33026		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD GONZALEZ, MANUEL 10271 PINES BLVD. PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD GONZALEZ, CARLOS 10271 PINES BLVD. PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Manuel Gonzalez 12/13/07 954-447-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12/18/07

pg 2 of 2

Division of Corporations
P O Box 8700
Tallahassee, Florida 32314

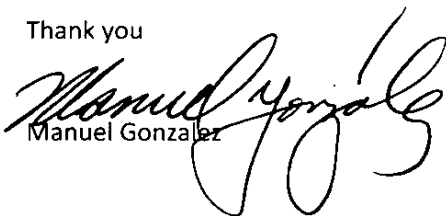
12/13/2007

Reference: P05000156902
The Puppy Shop Corp.
10271 Pines Blvd.
Pembroke Pines, FL 33026-6008

We file our annual report for 2007 on time. Information regarding missing information was never received. Payment for the annual report was mail on 03/07/2007 in the amount of \$160.00
Check # 1115 paid on 03/29/2007.

We are requesting the corporation to be reinstated since we never received notification of this action. Enclosed please find a signed form and a copy of the payment made in 03/2007. If you were to have further questions or in need of additional information please feel free to contact me at 954-447-0450 at your earliest convenience.

Thank you


Manuel Gonzalez

Enc: check copy, form