


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000083782	
1. Entity Name PAW PRINTS GROUP, INC.	

Principal Place of Business 2420 LYNNDALE ROAD FERNANDIA BEACH, FL 32034	Mailing Address 2420 LYNNDALE ROAD FERNANDIA BEACH, FL 32034
--------------------------------------------------------------------------------	--------------------------------------------------------------------

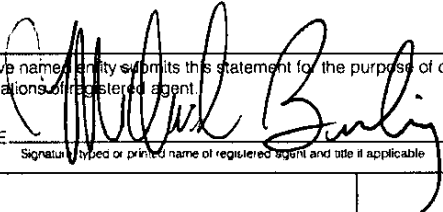
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
-----------------------------------------------------------------------	-------------------------------------------

City & State	City & State
Zip	Country

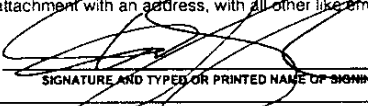
FILED
08 JUL 22 AM 10: 31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04292008 REINFP CR2E098 (1/07) 07-08

6. Name and Address of Current Registered Agent BOWLING, J. MICHAEL 2420 LYNNDALE ROAD FERNANDIA BEACH, FL 32034	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  <small>Signature typed or printed name of registered agent and title if applicable</small>	DATE 07/16/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>
FILE NOW!!! FEE IS \$900.00	

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table border="1"> <tr> <td>TITLE</td> <td>DIR</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BOWLING, J. MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2420 LYNNDALE ROAD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FERNANDIA BEACH, FL 32034</td> <td></td> </tr> </table>	TITLE	DIR	<input type="checkbox"/> Delete	NAME	BOWLING, J. MICHAEL		STREET ADDRESS	2420 LYNNDALE ROAD		CITY - ST - ZIP	FERNANDIA BEACH, FL 32034		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	DIR	<input type="checkbox"/> Delete																							
NAME	BOWLING, J. MICHAEL																								
STREET ADDRESS	2420 LYNNDALE ROAD																								
CITY - ST - ZIP	FERNANDIA BEACH, FL 32034																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY - ST - ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1"> <tr> <td>TITLE</td> <td>P, S</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>BOWLING, J MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2420 LYNNDALE ROAD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FERNANDIA BEACH FL 32034</td> <td></td> </tr> </table>	TITLE	P, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	BOWLING, J MICHAEL		STREET ADDRESS	2420 LYNNDALE ROAD		CITY - ST - ZIP	FERNANDIA BEACH FL 32034	
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY - ST - ZIP																									
TITLE	P, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																							
NAME	BOWLING, J MICHAEL																								
STREET ADDRESS	2420 LYNNDALE ROAD																								
CITY - ST - ZIP	FERNANDIA BEACH FL 32034																								
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1"> <tr> <td>TITLE</td> <td>T, V</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SIKORSKI, STAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2420 LYNNDALE ROAD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FERNANDIA BEACH FL 32034</td> <td></td> </tr> </table>	TITLE	T, V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	SIKORSKI, STAN		STREET ADDRESS	2420 LYNNDALE ROAD		CITY - ST - ZIP	FERNANDIA BEACH FL 32034	
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY - ST - ZIP																									
TITLE	T, V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																							
NAME	SIKORSKI, STAN																								
STREET ADDRESS	2420 LYNNDALE ROAD																								
CITY - ST - ZIP	FERNANDIA BEACH FL 32034																								
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY - ST - ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY - ST - ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY - ST - ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY - ST - ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY - ST - ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY - ST - ZIP																									

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: 4/30/08 DAYTIME PHONE: 904-321-0114