2008 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P07000134794						FILED				
1. Entity Nam A DOG'S	SINC.			08 NOV -3 PM 3: 18						
Driver at Dise	a of Dynings		Mailian Addrona		1600 87 18 2	ļ	SECRET TALLAH/	ARY OF	STATE	,
Principal Place of Business 1473 NE 25TH STREET			Mailing Address 1473 NE 25TH STREET			:	TALLAHA	iSSEE.	FI Great	< 5
POMPANO BEACH, FL 33064 US			POMPANO BEACH, FL 33064		REI	NSTA	EI	MEN	1 T 08	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			10282008	REIN-P	CR2E	E098 (1/07)	
City & State	е		City & State			4. FEI Numbe	r		<u> </u>	plied For t Applicable
Zip	C	Country	Zip			5. Certificate	of Status Desired		\$8.75 Addi Fee Required	
	6. Name and	d Address of Current	7. Name and Address of New Registered Agent Name							
DENHARD, CHRISTIAN 1473 NE 25TH STREET					Street Address (P.O. Box Number is Not Acceptable)					
	D BEACH, FL	•	Si		direct National (- I Tot / Totopidate	, - 		
				Ci				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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Symbol of printed name or registation agont and one in approxime. The resolution argument and required which registrating.										
	.E NOW!!! FEI nuary 1, 2009,	E IS \$150.00 Fee will be \$300.	00				In accordance v corporation did	vith s. 607 not receiv	′.193(2)(b), f re the prior n	F.S., the otice.
10.		OFFICERS AND		ADDITIONS/	CHANGES TO OFF	CERS AND	DIRECTORS	S IN 11		
TITLE	Р		Delete	TITLE					Change	Addition
NAME STREET ADDRESS	DENHARD, CHRISTIAN 1473 NE 25TH STREET				et aodress	60	001375 70801041	667	756	
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TITLE			☐ Delete	TITLE					☐ Change	Addition
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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, those 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: (03/-08										
SIGNATURE: STORETURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date										