PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 95-97 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 JUL 16 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000001675

1. Corporation Name
PABLO'S KENNELS, INC.

Principal Place of Business	Mailing Address
2420 PINE TREE ACRES LN DELTONA, FLORIDA 32738	

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
SAME AS ABOVE	SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 1995

5. FEI Number: 65-0369302 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
M	PABLO E. VALDEZ	2420 PINE TREE ACRES LN	DELTONA, FL 32738
D			

600002242886--0
-07/21/97--01092--005
***1080.00 ***1080.00

REINSTATEMENT 95-97

A. Allen
7/16/97

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ROBERT L. GASSAWAY, ESQ. 2080 COURTHOUSE TWR 44 W. FLAGLER ST. MIAMI, FLORIDA 33130-6805	Name: DOLLY L. VALDEZ Street Address (P.O. Box Number is Not Acceptable): 2420 PINE TREE ACRES LN Suite, Apt. #, Etc.: City: DELTONA State: FL Zip Code: 32738

CR2E040 (12/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Dolly L. Valdez — Date: 7/8/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: Pablo E. Valdez — 7/8/97 — (904) 789-4886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #