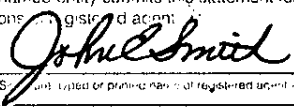
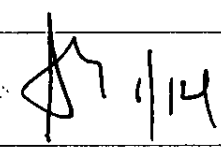
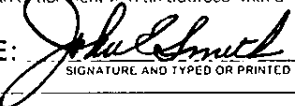


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000044846					
1. Entity Name DIGGITY DOGS, INC.					
Principal Place of Business 2641 GRIFFIN ROAD FT LAUDERDALE, FL 33312-5934			Mailing Address 2641 GRIFFIN ROAD FT LAUDERDALE, FL 33312-5934		
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	
6. Name and Address of Current Registered Agent SMITH, ROSINA 2641 GRIFFIN ROAD FT. LAUDERDALE, FL 33312-5934				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, the registered agent.					
SIGNATURE 		JOHN E SMITH		12-20-08	
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, ROSINA 2141 N.W. 109TH AVE. SUNRISE, FL 33322	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100139768721 01/06/09--01090--004 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMITH, JOHN E 2141 N.W. 109TH AVE SUNRISE, FL 33322	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 a 1 other like empowered.					
SIGNATURE: 		JOHN E SMITH		12-20-08 954-981-7827	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

FILED
09 JAN -6 PM 3: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 121-2008-REINSTATEMENT-098 (1/07) OS