

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 DEC 30 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000053265**

1. Corporation Name
DOG HANDLERS, INC.

Principal Place of Business
**58 N.W. LAKEVIEW DR.
OCALA FL 34482
US**

Mailing Address
**58 N.W. LAKEVIEW DR.
OCALA FL 34482
US**



REINSTATEMENT

9700

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		4. Date Incorporated or Qualified To Do Business in Florida 07/15/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0502999	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PVP	CUSTIS, WAYNE L	58 N.W. LAKEVIEW DR.	OCALA FL
ST	CUSTIS, EMELDA	58 N.W. LAKEVIEW DR.	OCALA FL

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****750.00 ****750.00

8. Name and Address of Current Registered Agent

**CUSTIS, WAYNE L.
58 N.W. LAKEVIEW DR.
OCALA FL 34482**

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State **FL** Zip Code

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 *Wayne L. Custis*
REGISTERED AGENT MUST SIGN

Date *December 15, 1997*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *Wayne L. Custis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/97 *352-873-6088*
Date Daytime Phone #

CR2E040 (8/97)