

**P95000035116**  
**FILED**

95 MAY -4 PM 3:42  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILINGS, INC. TERESA ROMAN  
 (Requestor's Name)  
 2805 LITTLE DEAL ROAD  
 (Address)  
 TALLAHASSEE, FLORIDA 32308 (904) 385-6735  
 (City, State, Zip) (Phone #)

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. SHAKE-A-PAW of Broward, inc  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

200001477097  
 -05/05/95--01035--006  
 \*\*\*\*122.50 \*\*\*\*122.50

☒ Walk in ☐ Pick up time \_\_\_\_\_

☒ Certified Copy

☐ Mail out ☒ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

NANCY HENDRICKS MAY - 4 1995

CERTIFICATE OF INCORPORATION  
OF  
SHAKE-A-PAW OF BROWARD, INC.

FILED

95 MAY -4 PM 3:43

SECRET  
TALLAHASSEE

FIRST: The name of the corporation is SHAKE-A-PAW OF BROWARD, INC.  
SECOND: Its principal office in the State of Florida is to be located at 3995 S.W. 15th Street, No. B107, in the City of Pompano Beach, County of Broward, State of Florida.

THIRD: The nature of the business and objects and purposes proposed to be transacted, promoted and carried on, are to do any and all things herein mentioned, as fully and to the same extent as natural persons might or could do, and in any part of the world, viz

"The purpose of the corporation is to engage in any lawful act or activity for which the corporation may be organized under the General Corporation Law of Florida."

FOURTH: The corporation shall have the authority to issue one hundred (100) Shares of the Common Stock, each share to have One Dollar (\$1.00) Par Value. The shares may be issued for the consideration expressed in dollars as may be fixed from time to time by the Board of Directors.

FIFTH: The name and mailing address of the sole incorporator is as follows:

BRENDA G. SLAUGHTER  
3995 S.W. 15th Street, No. B107  
Pompano Beach, Florida 33069

SIXTH: The name of the Designated Resident agent is BRENDA G. SLAUGHTER, located at 3995 S.W. 15th Street, No. B107, in the City of Pompano Beach, County of Broward, State of Florida.

  
(Signature)

BRENDA G. SLAUGHTER  
(Typed Name)

3995 S.W. 15th Street, No. B107  
(Street)

Pompano Beach, Florida 33069  
(City) (State) (Zip)

CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS  
OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE,  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

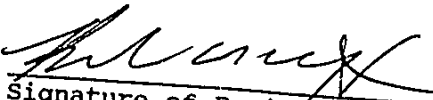
In pursuance of Chapter 607.34, Florida Statutes, the following is submitted, in compliance with said Act:

First, that SHAKE-A-PAW OF BROWARD, INC., desiring to organize under the laws of the State of Florida, with the principal office, as indicated in the Articles of Incorporation, located at 3995 S.W. 15th Street, No. B107, City of Pompano Beach, County of Broward, State of Florida, has named BRENDA G. SLAUGHTER, located at 3995 S.W. 15th Street, No. B107, in the City of Pompano Beach, County of Broward, State of Florida, as its agent to accept service of process within this State.

ACKNOWLEDGEMENT: (Must be signed by designated agent)

Having been named to accept service of process for the above-named corporation, at the place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

By:



Signature of Registered Agent

BRENDA G. SLAUGHTER

SECRET  
TALLAHASSEE

95 MAY -4 PM 56

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**FILED**

96 AUG 26 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1 Corporation Name

PA5000035116  
SHAKE-A-PAW OF BROWARD, INC.

Mailing Address

Principal Place of Business

734 RIVERSIDE DR. SAME  
CORAL SPRINGS, FLA. 33071

000001935140  
-08/28/96--01114--006  
\*\*\*383.75 - 383.75

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

DO NOT WRITE IN THIS SPACE

2 New Mailing Address, If Applicable

3 New Principal Office Address, If Applicable

4 Date incorporated or Qualified  
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5 FEI Number

Applied For

City & State

City & State

65-0575839

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7 Name 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
PRE.	BRENDA G. SLAUGHTER	3445 PINELAKE DR. #107	MARGATE, FL. 33063

REINSTATEMENT 96

*[Signature]*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRENDA G. SLAUGHTER  
3445 PINELAKE DR. APT. 107  
MARGATE, FLA. 33063

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 8/22/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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.; 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., and that all fees owed by the corporation have been paid. 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:

*[Signature]*

BRENDA G. SLAUGHTER

8/22/96

954-755-7871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2000 (6/94)