

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1996 DEC -6 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000090671
1. Corporation Name WATCHDOG GROUP, INC.

Principal Place of Business Mailing Address
6699 North Federal Highway
Boca Raton, FL 33487

100002025211--9
-12/10/96--01151-016
****375.00 ****375.00

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable		3. New Mailing Address, if Applicable		4. Data Incorporated or Qualified To Do Business in Florida <u>Nov. 17, 1995</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>13-3894699</u>	
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P.T.S.	Gilbert Kuken	689 Columbus Ave #17c	New York, NY 10025
D.	Thomas C. Henry	504 Talbot St.	St. Michaels, MD. 21663

REINSTATEMENT

8. Name and Address of Current Registered Agent <u>Thomas C. Henry</u> <u>177 N. U.S. Highway 1</u> <u>Suite 287</u> <u>Taguasta, FL 33469</u>		9. Name and Address of New Registered Agent Name <u>Joan King</u> Street Address (P.O. Box Number is Not Acceptable) <u>6699 North Federal Highway</u> Suite, Apt. #, Etc. City <u>Boca Raton</u> State <u>FL</u> Zip Code <u>33487</u>	
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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 Joan King Date 10/29/96
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 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. 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., 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: Thomas C. Henry, Dir. Date 10/29/96 Daytime Phone # 410 822-4456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED40 (1/95)