

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 18 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000058760**

1. Corporation Name

GROOMING ON THE GO INC

2. Principal Office Address
10811 SW 66 DRIVE

3. Mailing Office Address
10811 SW 66 DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI

Zip
33173

Country
MIAMI DADE

Zip
FL

Country
MIAMI DADE

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

07-11-1996

5. FEI Number
650677599

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MARIA C. LLERANDI

Street Address (P.O. Box Number is Not Acceptable)
10811 SW 66 DRIVE

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33173

500047508785
03/01/05--01052--018 **1050.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

x mcllerandi

Date *2-16-05*

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MARIA A. LLERANDI	10811 SW 66 DRIVE	MIAMI, FL 33173

10. 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:

mcllerandi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-16/05 (305) *261-8006*

2/24/05