

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 KENNETH E. HARRIS
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # 98-99 AR
 170000209461

1. Corporation Name **Tordog INC.**

Principal Place of Business
**12415 TAFT ST.
 PEMBROKE PINES, FL
 33028**

Mailing Address
**12415 Taft St.
 Pembroke Pines, FL
 33028**

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

2. New Principal Office Address, If Applicable
12415 Taft St.
 Suite, Apt. #, etc

3. New Mailing Office Address, If Applicable
12415 Taft St.
 Suite, Apt. #, etc

City/State
Pembroke Pines, FL
 Zip
33028
 Country
USA

City/State
Pembroke Pines, FL
 Zip
33028
 Country
USA

4. Date Incorporated or Qualified To Do Business in Florida **3/97/**

5. FEI Number
65-0744772

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$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
President	THOMAS P. MULLIN	16861 SW 6 th St.	Pembroke Pines, FL 33021
V. Pres	CRAIG A. SAMARA	16861 SW 6 th St.	Pembroke Pines, FL 33021
V. Pres	WILLIAM WALSH	16861 SW 6 th St.	Pembroke Pines, FL 33021

8. Name and Address of Current Registered Agent

**THOMAS P. MULLIN
 16861 S.W. 6th St.
 Pembroke Pines, FL 33021**

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

Thomas P. Mullin
 REGISTERED AGENT MUST SIGN

Date **4/9/99**

11. This corporation owes 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:

Thomas P. Mullin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99 (954) 432-3350
 Date Daytime Phone #

APRIL 9, 1999


FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

TO WHOM IT MAY CONCERN:

WE WOULD LIKE TO REQUEST REINSTATEMENT AS A CORPORATE ENTITY WITHIN THE STATE OF FLORIDA. WITHOUT KNOWLEDGE WE WERE PLACED ON INACTIVE STATUS DUE TO OUR FAILURE TO COMPLETE THE 1998 ANNUAL REPORT. WE NEVER RECEIVED THIS INFORMATION IN THE MAIL LAST YEAR. I TRULY BELIEVE IT WAS SENT TO OUR OLD ADDRESS, AND NEVER FORWARDED TO THE CORRECT NEW ADDRESS. PER MY DISCUSSION WITH YOUR OFFICE, I AM SENDING THIS LETTER ALONG WITH A CHECK FOR \$ 300.00, AS I WAS INSTRUCTED OVER THE PHONE.

IN ADDITION, WE WOULD LIKE TO ALSO REQUEST TO HAVE OUR NEW FICTITIOUS NAME APPLICATION PROCESSED UPON COMPLETION OF REINSTATEMENT. YOUR ASSISTANCE AND ATTENTION WITH REGARDS TO THIS MATTER IS GREATLY APPRECIATED. PLEASE CONTACT ME AT YOUR CONVENIENCE IF THERE ARE ANY QUESTIONS OR CONCERNS.

SINCERELY,


THOMAS P. MULLIN
PRESIDENT
TORDOG, INC.