

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

02 MAY -9 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/17/02--01001--015
****900.00 ****900.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000020949**

1. Corporation Name

TORDOG, INC.

2. Principal Office Address

12415 TAFT ST

Suite, Apt. #, etc.

3. Mailing Office Address

12415 TAFT ST.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL.

City & State

Pembroke Pines, FL

Zip

33028

Country

Broward

Zip

33028

Country

Broward

REINSTATEMENT 2001-2002

4. Date Incorporated or Qualified
To Do Business in Florida

1991

5. FEI Number

05-0744772

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

Thomas P. Mullin

Street Address (P.O. Box Number is Not Acceptable)

10861 S.W. 6th St.

Suite, Apt. #, Etc.

City

PEMBROKE PINES,

State
FL

Zip Code

33027

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

Thomas P. Mullin

REGISTERED AGENT MUST SIGN

Date **5/4/2002**

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. | Thomas P. Mullin | 10861 S.W. 6th St. | Pembroke Pines, FL 33027 |
| VP. | William Walsh | 10861 S.W. 6th St. | Pembroke Pines, FL 33027 |
| VP. | Craig Samara | 10861 S.W. 6th St. | Pembroke Pines, FL 33027 |
| | | | |
| | | | |
| | | | |

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:

Thomas P. Mullin President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/2002 (954) 432-3350

Date

Daytime Phone #

CR2E081 (9/01)

CT CORPORATION

CORPORATION(S) NAME

Tordog, Inc.

RECEIVED
02 MAY 19 AM 11:14
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input checked="" type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

5/9/02

ms

Order#: 5332991

Ref#: _____

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615