

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P97000035269

1. Corporation Name

TAIL END KENNELS, INC.

Principal Place of Business

10401 ORANGE DR  
DAVIE FL 33338

Mailing Address

325 N.W. 106TH TERRACE  
PEMBROKE PINES FL 33026

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

04/21/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0745869

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEO	BLUM, MARNI H	325 NW 106 TERR	PEMBROKE PINES FL 33026
P	BLUM, SUSAN J	325 N.W. 106TH TERRACE	PEMBROKE PINES FL 33026
			600004690226--2 -11/21/01--01017--008 ****150.00 ****150.00
			LS

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

MARNI Blum Marni Blum

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

325 NW 106 Terrace

Suite, Apt. #, Etc.

3

City

Pembroke Pines

State

FL

Zip Code

33026

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

Marni Blum

Date 10-26-01

REGISTERED AGENT MUST SIGN

11. 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: Marni Blum MARNI Blum, CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-01 (954) 432-6397

Date

Daytime Phone #

FILED

01 OCT 29 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E040 (801)

2012

October 26, 2001

Katherine Harris, Secretary of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399  
Attention: Reinstatement Section

RE: Tail End Kennels, Inc.

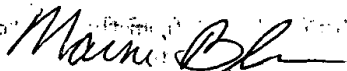
Dear Ms. Harris:

Enclosed please find my certified mail receipt dated April 19, 2001, as proof that I sent the Department of State the \$150.00 filing fee required each year. Apparently your office never received it, and I have placed a stop payment on that original check. I am enclosing another check for \$150.00 along with the Application for Reinstatement.

I ask that you please reinstate the above corporation prior to November 9<sup>th</sup>, as it is imperative that our corporation be in good standing prior the closing of our U.S. Small Business Association loan.

Thank you.

Sincerely,

  
Marni Blum