		PLEASE RE	AD ALL INS	TRUCTIONS	BEFORE C	COMPLET	ING THIS FORM.		
REIN	PCAT PCAT		FLORI	DA DEPARTME Sandra B. Mon Secretary of S	NT OF STATE r tham State	7	APPROVED FILED	IUC	
DOC	JMEN	г# Р97 (0000415		TOTAL TOTAL	9	8 KOV 19 AM 8:3	i •	
1. Corporation Name						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
GUARD DOG ENTERPRISES, INC.						TĂLLAĤASSEE, FLORIDA			
Principal Place of Business Mailing Address						1			
10097 CLEARY BLVD. 10097 CLEAR SUITE 325 SUITE 325 PLANTATION FL 33324 PLANTATION									
If above addresses are incorrect in any way, line through incorrect information and enter correction below.									
			3. New Ma	New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 05/09/1997		
Suite, Apt. #, etc.			Suite, Apt. #	Suite, Apt. #, etc.			5. FEI Number Applied For		
City & State			City & State	City & State		(5-0112625 Not Applicable			
Zip		Country	Zip	Countr	у	1	OF STATUS DESIRED \$8.7	5 Additional Fee required or a Certificate of Status	
7. Names a	ınd Street Ad			orlda nonprofit corpora			Ţ		
Title(s) Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Nu			City / Sta	te / Zip		
D BOWSER, STEVEN			10097 CLEARY BLVD., SUITE 325		PLANTATION FL 33324				
					21	00002700 -12/02/980 ****150.88	01093015		
							44444100000	***************************************	
						· · · ·			
8. Name and Address of Current Registered Agent Name					9. Name and A	Address of New Registered A	gent		
FILINGS					Street Address (P	O. Box Number	is Not Acceptable)		
3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 Suite, Apt. #, Etc.									
					City		State	Zip Code	
10. I, being	appointed the	registered agent of the	ne above named corp	oration, am familiar wi	th and accept the ob	ligations of Section	pn 607.0505, F.S.		
Signature of Registered A	Agent	KIN		REQU	IIRED		Date	3	
		ration owes o	or has paid th	ne current yea	ar Yes 🔲	No 🗆	(See Liber order	Tor Information uple tex.)	
11.100		J. 55.141 1 10	porty tax aut		.55 🗀	. 10		-	

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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

111398

(954) 975-550

Daytime Phone #



4.45

AHN: Reinstatement Division :
Could you please look into this matter.
mailed into the Division of Corporations
my 1998 Corporation Annual reports were majured into the Division of Corporations and possibly not received. Please waive my \$600000 reinstatement fee just this
send in my reports certified.
Mank you so much. Any grestions please Call Steve @ (954) 975-5503.
Enclosed is a \$150 Company Check
Grand Dog Enterprises., Inc. Steven Gaussey
Lin Van

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