

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 25 PM 2:50

DOCUMENT # P97000074034

1. Corporation Name

DOGWATCH OF CENTRAL FLORIDA, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500009200615  
11/25/02--01045--014 \*\*750.00

Principal Place of Business

Mailing Address

~~3189 ROSE MARIE DRIVE~~  
~~KISSIMMEE FL 34746~~

3189 ROSE MARIE DRIVE  
KISSIMMEE FL 34746



REINSTATEMENT 02

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

2. New Principal Office Address, If Applicable

~~2137 Paradise Point Lane~~  
~~Suite, Apt. #, etc.~~

~~Apopka FL~~

~~City & State~~  
~~32703 USA~~

~~Zip~~ ~~Country~~

3. New Mailing Office Address, If Applicable

~~2137 Paradise Point Lane~~  
~~Suite, Apt. #, etc.~~

~~Apopka FL~~

~~City & State~~  
~~32703 USA~~

~~Zip~~ ~~Country~~

4. Date Incorporated or Qualified  
To Do Business in Florida

08/25/1997

5. FEI Number

59-3473701

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ELWOOD, RICHARD J	3189 ROSE MARIE DRIVE	KISSIMMEE FL 34746

8. Name and Address of Current Registered Agent

ELWOOD, RICHARD  
~~3189 ROSE MARIE DRIVE~~  
~~KISSIMMEE FL 34746~~

9. Name and Address of New Registered Agent

Name

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

~~2137 Paradise Point Lane~~  
~~Suite, Apt. #, Etc.~~

City

~~Apopka~~

State

~~FL~~

Zip Code

~~32703~~

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Richard J. Elwood*  
REGISTERED AGENT MUST SIGN

Date

*11/21/02*

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:

*Richard J. Elwood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*11/21/02*

Daytime Phone #

CR2E040 (8/02)