

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR -9 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA8000050450**

1. Corporation Name

JUNKYARD DOGS, INC.

2. Principal Office Address

2210 FRENCH AVENUE

Suite, Apt. #, etc.

City & State

SANFORD, FL

Zip

32771

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

5. FEI Number

59-3527498

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

STEVEN J. LEBEDA

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

182 GAINSBORO STREET

Suite, Apt. #, Etc.

City

DELTONA

State

FL

Zip Code

32725

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

[Signature]

Date

3/5/04

REGISTERED AGENT MUST SIGN

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
D	STEVEN J. LEBEDA	182 GAINSBORO ST. DELTONA, FL 32725	DELTONA, FL 32725
D	DAVID J. LEBEDA	1930 SAXON BLVD DELTONA, FL 32725	DELTONA, FL 32725

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/5/04

Daytime Phone #

407-322-1760

CR2E081 (01/04)