

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000003121

1. Corporation Name

SHEEPDOG, INC.

07 MAY 25 PM 1:41

STATE
TALLAHASSEE FLORIDA

700104256047
06/12/07--01012--023 **1200.00

REINSTATEMENT 0407

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

1007 N. Federal Hwy

3. Mailing Office Address

1007 N. Federal Hwy

Suite, Apt. #, etc.

Suite D

Suite, Apt. #, etc.

Suite D

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33304

Country

USA

Zip

33304

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/1999

5. FEI Number

65-0884349

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
Kathleen G. Powell

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

1007 N. Federal Hwy

Suite, Apt. #, etc.

Suite D

City
Fort Lauderdale

State

FL

Zip Code

33304

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Kathleen G. Powell

REGISTERED AGENT MUST SIGN

Date

May 24, 2007

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/S/T/D	Kathleen G. Powell	1007 N. Federal Hwy, Suite D	Fort Lauderdale, FL 33304

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 contained in Chapter 119, 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:

Kathleen G. Powell

Kathleen G. Powell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

May 24, 2007

Daytime Phone #