

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 31 AM 8:01

DOCUMENT # P99000009912

1. Corporation Name

PAWS, CLAWS & TAILS, INC.

Principal Place of Business

3525 BONITA BEACH ROAD
BONITA SPRINGS FL 34134

Mailing Address

3525 BONITA BEACH ROAD
BONITA SPRINGS FL 34134



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/1999

5. FEI Number

65-0900613

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LYONS, THOMAS J	27821 SOUTH TAMiami TRAIL	BONITA SPRINGS FL 34134
D	LYONS, CHARLES M	27821 SOUTH TAMiami TRAIL	BONITA SPRINGS FL 34134

000008726710
10/31/02--01055--006 **150.00

8. Name and Address of Current Registered Agent

LYONS, THOMAS J
3525 BONITA BEACH ROAD
BONITA SPRINGS FL 34134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (802)

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

SIGNATURE REQUIRED

Date

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

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

THOMAS J LYONS 10/24/02 498-1198

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Hensley & Company PA
10911 Bonita Beach
Bld Ste. 208-1
Bonita Springs, FL 34135

October 28th, 2002

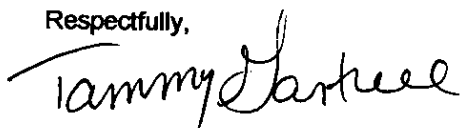
Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: Paws, Claws & Tails, Inc
P99000009912

Dear Sirs:

Please find my client's Uniform Business Report and enclosed check for \$150.00 Please waive penalty and reinstate corporation as client has not received prior notices..

Respectfully,



Tammy Gartrell
Hensley & Company, PA