

APPROVED
AND
FILED

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SECRET

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000014855

1. Corporation Name
BARK AVE. PUPPY GALLERIES, INC.

Principal Place of Business
13803 W HILLSBOROUGH AVE
TAMPA FL 33635

Mailing Address
13803 W HILLSBOROUGH AVE
TAMPA FL 33635

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

2. New Principal Office Address, If Applicable
13949 W Hillsboro
Suite, Apt. #, etc. Suite 8
City & State Tampa, FL
Zip 33635 Country USA

3. New Mailing Office Address, If Applicable
same
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 02/15/1999

5. FEI Number 59-3555681

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	BOGGS, KIM	1385 MELON ST. 12922 State St Tpa. FL. 33635	TARPON SPRINGS FL 33635

900004679199--3
-11/14/01--01082--008
****150.00 ****150.00

8. Name and Address of Current Registered Agent
BOGGS, KIM
13803 W HILLSBOROUGH AVE
TAMPA FL 33635

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
Tpa FL 33635

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.

Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date 10/17/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 10/17/01 Daytime Phone #

10/16/01

Dear Sir,

We did not even receive
our renewal forms for our
Corporation and I just received
this form at our new address.

Please accept our original
fee and reinstate it for us,
as we called & verified that
you did receive the original
forms in the mail returned
to sender
Thanks

Kim Dazzo