

10/3

PLEASE READ ALL INSTRUCTIONS BEFORE PROCEEDING TO THE NEXT PAGE.

2000 OBR

FLORIDA DEPARTMENT OF REVENUE  
Katherine Harrison  
Sebastian, Florida  
DIVISION OF CORPORATE TAXES

00 NOV -6 PM 4:24

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1. Corporation Name

**BOW WOW MEOW PRODUCTIONS, INC.**

Mailing Address

4839 S.W. 148TH AVENUE  
SUITE 409  
DAVIE FL 33330

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc. 4200 SW 168 Ave  
City & State S. WEST Ranchettes - FT LAUD

City &amp; State

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/18/1999

5. FEI Number

5. FEI Number  
65.0977864

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
EV SD VD 1PVD	MARY PATRICIA SKUGIST	4800 SW 168 AVE	FT. LAUD 33331
			7000003487377--1 -12/05/00--01047--001 ****150.00 ****150.00
			LS
			7000003487377--1 -12/05/00--01047--002 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

SKUBISH, MARY PATRICIA  
4839 S.W. 148TH AVENUE  
SUITE 409  
DAVIE FL 33330

9. Name and Address of New Registered Agent

Name MARY PATRICIA SKUBIS #  
Street Address (P.O. Box Number is Not Acceptable)  
4800 SW 168 AVE  
Suite, Apt. #, Etc.  
S. WEST RANCHES, FT LAUDERDALE  
City ↓ State FL Zip Code 33331

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

*Mary Patricia Shukish*  
REGISTERED AGENT MUST SIGN

Date Oct 12 00

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:**

*Mary Patricia Skubish*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MARY PATRICIA SKUBISH

Oct 1st 00<sup>(954)</sup>  
2529624  
Date Daytime Phone #

Date \_\_\_\_\_

Daytime Phone #

0066147

Oct 1

To Whom it may concern  
I have just received notice of  
Revocation of my small pet sitting  
business "Bow Wow Meow Productions,  
And of course really upset, as I  
have tried to do everything right in  
setting this up, Lic. Bonds, ins. etc,  
But believe me when I tell you  
I never received notification about  
the terminal report, I am having trouble  
receiving my mail at this Business  
address, & Would please request  
that I can have everything mailed to  
my home address

2

I am so sorry, that This has  
happened, as I am a small  
Business really just trying to start  
out & This has happened, if there is  
anyway you could Waive one Time  
the fee of reinstatement of \$750.00 I would  
really appreciate it.

Thank you so much

Mary Patricia Shubish

New address

Home

→

4800 SW 16th AVE

S. West Ronales

# Land, Fl 33331

Phone 954-252-9624 -

" 252 0114 -