

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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<b>CORPORATION</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P99000083808</b>			
<b>1. Corporation Name</b> JEFFREY A. MUNSHAUR'S CLASSIC DOGWORKS, INC.			
<b>2. Principal Office Address</b> 7339 SW START CENTER ST		<b>3. Mailing Office Address</b> 7339 SW START CENTER ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ARCADIA, FLORIDA		City & State ARCADIA, FLORIDA	
Zip 34269	Country DeSOTO	Zip 34269	Country DeSOTO

FILED  
01 SEP 17 PM 12:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TS '00-01

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 20 SEP 1999	<b>Applied For</b> Not Applicable
<b>5. FEL Number</b> 35-2049155	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
Name JEFFREY A. MUNSHAUR	
Street Address (P.O. Box Number is Not Acceptable) 7339 SW START CENTER STREET	
Suite, Apt. #, Etc.	
City ARCADIA	State FL
	Zip Code 34269

700004609997-7  
-09/25/01--01029--020  
\*\*\*\*300.00 \*\*\*\*300.00

<b>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.</b>			
Signature of Registered Agent		Date 010831	
REGISTERED AGENT MUST SIGN			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	JEFFREY A. MUNSHAUR	7339 SW START CENTER ST	ARCADIA, FL 34269
Planner	JEFFREY A. MUNSHAUR	7339 SW START CENTER ST	ARCADIA, FL 34269

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

010831

Daytime Phone #

CR2E081 (9/00)

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September 13, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

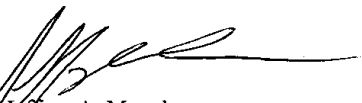
This letter is in response to the return of my initial application. I discussed the matter with your office and am complying with their guidance. Due to a failure to successfully register my change of address, I received no Uniform Business Report. Regardless of reason, I want to do whatever is necessary to successfully reinstate my corporation.

I have also completed the form with myself being the only officer. I am the president and owner. I have no employees.

Therefore, please find enclosed my completed application for reinstatement of my corporation. In addition, find enclosed my check for \$300.00 to cover the cost. This complies with your letter and discussions.

Your assistance in this matter is greatly appreciated. Please advise if there are any further requirements. I will gladly comply in order to rectify the situation. My small business is beginning to grow and I'm avid about maintaining proper documentation.

Sincerely,



Jeffrey A. Munshaur