

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 13 AM 8:00

DOCUMENT # P99000105356

1. Corporation Name

LISA'S KENNEL, INC.

Principal Place of Business

Mailing Address

2123 SW 59TH TERR.  
HOLLYWOOD FL 33023

2123 SW 59TH TERR.  
HOLLYWOOD FL 33023

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11/25/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0966251

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	BENNETT, PHOEBE	5612 HARDING ST.	HOLLYWOOD FL 33021
PSD	Bennett, Phoebe	2123 SW 59 terrace	Hollywood FL 33023

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BENNETT, PHOEBE  
5612 HARDING STREET  
HOLLYWOOD FL 33021

Bennett, Phoebe  
2123 SW 59 terrace  
Hollywood, FL 33023

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/03 954-894-9990

CR2E040 (7/03)

10/10/03

To whom it may concern

I DID NOT Recieve my  
Report

Phuck Smith

LISA'S KENNEL