


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

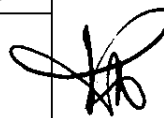
<b>DOCUMENT # S20185</b>		
1. Entity Name <b>WOOF, INC.</b>		


Principal Place of Business <b>15880 SUMMERLIN RD STE 111 FORT MYERS, FL 33908 US</b>	Mailing Address <b>C/O KEN WOODRUFF 801 S. BROAD ST. BROOKSVILLE, FL 34601</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

6. Name and Address of Current Registered Agent  <b>WOODRUFF, KEN 801 S. BROAD STREET BROOKSVILLE, FL 34601</b>	
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**FILED**  
**07 JAN 16 PM 2:26**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**





**REINSTATEMENT** 01092007 REIN-P CR2E098 (11/05) **06-07** **1100**

4. FEI Number <b>59-3040875</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent	
Name <b>Mark A. Tuscan</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>6238 Presidential Ctr Suite 5</b>	
City <b>Fort Myers</b>	FL Zip Code <b>33919</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Mark A. Tuscan** **1/12/2007**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT ANKENBRANDT, JOHN 15120 ANCHORAGE WAY FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS ANKENBRANDT, CHERYL 15880 SUMMERLIN RD., #111 FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Cheryl Ankenbrandt** **1-11-07 239-454-9160**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #