


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V19584

1. Corporation Name

HABER KENNELS, INC.

Principal Place of Business

Mailing Address

320 SOUTH FLAMINGO ROAD -344
PEMBROKE PINES, FL 33027

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

2. New Principal Office Address, If Applicable

320 S. FLAMINGO RD -344
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

320 S. FLAMINGO RD -344
Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

Country

33027

USA

City & State

PEMBROKE PINES, FL

Zip

Country

33027

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/6/92

5. FEI Number

59-3109134

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	TERRY HABER	12421 S.W. 18th STREET MIRAMAR, FL 33027	MIRAMAR, FL 33027
TRES.	MITCHELL HABER	2476 QUEEN STREET	WEST PALM BEACH, FL 33417
SEC.	SCOTT HABER	15177 S.E. 95TH AVENUE	SUMMERFIELD, FL 33492
Vice Pres	IDA HABER	15251 S.E. 95TH AVENUE	SUMMERFIELD, FL 33492
			600002454386--4 -03/11/98--01109--015 ****300.00 ****300.00

8. Name and Address of Current Registered Agent

TERRY HABER

12421 S.W. 18th STREET
MIRAMAR, FL 33027

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

Terry Haber

REGISTERED AGENT MUST SIGN

Date

2/16/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 #

2/16/98

CR2040 (1/98)

FILED

98 MAR 10 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97-98
ad