


PS 191

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
04 MAR -8 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** V32695

**1. Corporation Name**

Sunrise Kennel Club, Inc.

<b>2. Principal Office Address</b>		<b>3. Mailing Office Address</b>	
5365 Nob Hill Road		5365 Nob Hill Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Sunrise, FL		Sunrise, FL	
Zip	Country	Zip	Country
33351	USA	33351	USA

REINSTATEMENT 01-04

**4. Date Incorporated or Qualified To Do Business in Florida** 04/30/1992

**5. FEI Number** 65-0328902

Applied For: Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**  \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name: Robyn Sands

Street Address (P.O. Box Number is Not Acceptable): 1134 NW 97th Drive

Suite, Apt. #, Etc.

City: Coral Springs

State: FL Zip Code: 33071

**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.**

Signature of Registered Agent: *Robyn Sands* Date: 2/28/04

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/T	Robyn Sands	1134 NW 97th Drive	Coral Springs, FL 33071

**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: *Robyn Sands* Robyn Sands Date: 2/28/04 Daytime Phone #: 954-748-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

*tn*

PS 2 82

**Sunrise Kennel Club, Inc.**  
5365 Nob Hill Road  
Sunrise, FL 33351  
954-748-1900

March 3, 2004

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Sunrise Kennel Club, Inc. - FEI #65-0328902

Dear Sir or Madam:

This letter is to inform you that I did not receive my corporate annual report forms for the years 2001, 2002, 2003 and 2004.

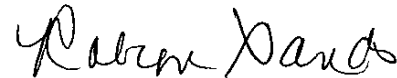
I called your reinstatement division (850-245-6059) and was advised to send this letter along with the reinstatement application and a check for \$600. The \$600 is to pay for the number of years (4 x \$150) that I have not received the annual report form.

As per your instructions I have enclosed my completed corporation reinstatement form and a check for \$600.

Please contact me in writing if you require any further information in order to reinstate  
= Sunrise Kennel Club, Inc.

Thank you for your assistance in this matter.

Sincerely,



Robyn Sands  
President