

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V40835**

1. Corporation Name

SUNSHINE STATE K-9 SERVICE INC.

Principal Place of Business

Mailing Address

1701 S.W. 74TH AVENUE
MIAMI FL 33155

1701 S.W. 74TH AVENUE
MIAMI FL 33155

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 06/03/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0339116	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P	NUNEZ, JUAN C	1701 S.W. 74TH AVENUE	MIAMI FL 33155

300023747153
10/13/03--01054--010 **450.00

REINSTATEMENT 01-03

TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NUNEZ, JUAN 1701 S.W. 74TH AVENUE MIAMI FL 33155	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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10/13/03**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03
Date

(305) 229-9050
Daytime Phone #

CR2E040 311

ALBERT BENDER & COMPANY

2450 S.W. 137TH AVENUE SUITE 215
MIAMI, FLORIDA 33175

Phone 305-229-9050
Fax 305-227-1204
Cell 786-355-7673

October 3, 2003

Division of Corporations
Annual Report/Restatement Section
P.O. Box 6327
Tallahassee, Fl. 32314

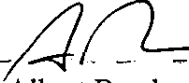
Dear Sir:

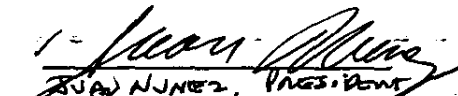
I am writing on behalf of my client Sunshine State K-9 Service, Inc.
My client has had difficult in the past getting his Uniform Business Report
thru the Mail Service.

I am enclosing a check in the amount of \$450.00 for the years 2001, 2002
and 2003. As you can check his filing in the past he had problems filing his
annual Report.

If you have any questions, please don't hesitate to contact me.

Very truly yours,


Albert Bender
Accountant


JUAN NUNEZ, President