

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 OCT 24 PM 5:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **096000030431**
1. Corporation Name
DOG CONSTRUCTION, INC.

2. Principal Office Address
2251 SW 15 AVE.
Suite, Apt. #, etc.

3. Mailing Office Address
SAME
Suite, Apt. #, etc.

City & State
**FORT LAUDERDALE
FLORIDA**
Zip Country
33314 USA

City & State

Zip Country

REINSTATEMENT 07-01
4. Date Incorporated or Qualified To Do Business in Florida - **4/5/1996**
5. FEI Number **65-0676633** 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 **DAVID J. SCHOTTENFELD P.A.** 700004679357--9
Street Address (P.O. Box Number is Not Acceptable) **7520 NW 5 STREET** ***1350.00 ***1350.00
Suite, Apt. #, Etc. **SUITE 203**
City **PLANTATION** State **FL** Zip Code **33317**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.
Signature of Registered Agent **David Schottenfeld** Date **10/19/01**
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
Pres.	DAVID GRINER	2251 SW 15 AVE	FORT LAUDERDALE FL 33314
SEC	BROOKE GRINER	2251 SW 15 AVE	FORT LAUDERDALE FL 33314

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: **David Griner** Date **10/17/01** Daytime Phone # **954 487-3542**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR