

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.

City & State
FORT LAUDERDALE
FLORIDA

Zip Country
33314 USA

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

Zip Country

REINSTATEMENT

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

11/14/01 01086 015

***1350.00 ***1350.00

Suite/Apt. #, Etc.
SUITE 203

City
PLANTATION

State Zip Code
FL 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 617.0503, F.S.

Signature of
Registered Agent *David J. Schottenfeld*
REGISTERED AGENT MUST SIGN

Date 10/19/01

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
			LS

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 J. Schottenfeld*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/01 954 467-3542