

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPROVED  
AND  
FILED

97 JUL 16 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR 95-97  
REINSTATEMENT

DOCUMENT # P92000001675

1. Corporation Name  
PABLO'S KENNELS, INC.

Principal Place of Business Mailing Address  
2420 PINE TREE ACRES LN  
DELTONA, FLORIDA 32738

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

2. New Principal Office Address, If Applicable SAME AS ABOVE		3. New Mailing Office Address, If Applicable SAME AS ABOVE		4. Date Incorporated or Qualified To Do Business in Florida 1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0369302	
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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
M	PABLO E. VALDEZ	2420 PINE TREE ACRES LN D	DELTONA, FL 32738
			600002242886--0 -07/21/97-01092-005 ***1080.00 ***1080.00
			REINSTATEMENT 95-97 A. Alan 7/16/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBERT L. GARBANA, ESQ.  
2000 COURTHOUSE TWR  
44 W. FLAGLER ST.  
MIAMI, FLORIDA 33130-6805

Name DOLLY L. VALDEZ  
Street Address (P.O. Box Number is Not Acceptable)  
2420 PINE TREE ACRES LN  
Suite, Apt. #, Etc.  
City DELTONA  
State FL Zip Code 32738

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  
Dolly L. Valdez  
REGISTERED AGENT MUST SIGN

Date 7/8/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Pablo E. Valdez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7/8/97 (904) 789-4886  
Daytime Phone #

CR2E040 (1/2/95)