

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

1997 SEP 15 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Have applied

APPLICATION FOR REINSTATEMENT  
  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortimer  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # V29237  
 1 Corporation Name  
United States K-9 Academy, Inc.

Principal Place of Business Mailing Address  
775 South St.  
MIDDLEBURY, Ct. 06762  
W97-14373

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

2. New Principal Office Address, If Applicable  
516 Main St. Southbury  
 Suite, Apt. #, etc.  
Southbury, Ct.  
 City & State

3. New Mailing Office Address, If Applicable  
SAME as Principal  
 Suite, Apt. #, etc.  
 City & State

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
~~7030857-000~~  Applied For  
 Not Applicable

Zip Country Zip Country  
06488 U.S.A.

6. CERTIFICATE OF STATUS DESIRED  \$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
Pres	James Salva	516 Main St. W	Southbury, Ct. 06488
Secy	Georgia Salva	516 Main St. W	Southbury, Ct. 06488

REINSTATEMENT

700002294727--2  
 -09/16/97--01078--009  
 \*\*\*1410.00 \*\*\*1410.00

8. Name and Address of Current Registered Agent  
Marie B. Rivers  
11924 W. Foxworth Hills Blvd  
Unit #1  
West Palm Bch, Fl. 33414

9. Name and Address of New Registered Agent  
 Name SAME  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
 FL

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 MB Rivers REGISTERED AGENT MUST SIGN Date June 16, 1997

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: James Salva James Salva 6-11-97  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
203-262-1117

CR2E040 (11/2/96)