

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



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

FILED
 00 DEC -4 AM 11:34

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

mf

REINSTATEMENT 2000

DOCUMENT # **L99000002362**

1. Limited Liability Company's Name

PET VET CARE . Com

2. Principal Office Address

5320 E. BAY DR.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, Florida

City & State

Zip

33764

Country

USA

Zip

Country

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified To Do Business in Florida

4/19/99

6. FET Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$3.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

SERGIO CARVAJAL, DVM

Street Address (P.O. Box Number is Not Acceptable)

1006 SANABEL CT. N.E.

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33702

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

Sergio Carvajal, DVM
REGISTERED AGENT MUST SIGN

Date **10-23-00**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
VP ₁	JUAN CARVAJAL	344 PLYMOUTH ST.	SAFETY HARBOR, FL, 34645
VP ₂	CRUZ CARVAJAL	1006 SANABEL CT. NE.	ST. PETERSBURG, FL, 33702
VP ₃	LEONOR CARVAJAL	" "	" " "

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Sergio Carvajal, DVM

Date

10-23-00

Daytime Phone #

(727) 535-5433

Typed or printed name of signing Managing Member/Manager

JUAN CARVAJAL / SERGIO CARVAJAL, DVM.

11/13/00

CR2E041 (9/00)