

## 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000139254</b> 1. Entity Name <b>PET CITY, INC.</b>					05 NOV -2 09:08
Principal Place of Business <b>13154 CORTEZ BLVD BROOKSVILLE, FL 34613</b>		Mailing Address <b>13154 CORTEZ BLVD BROOKSVILLE, FL 34613</b>		 <b>REINSTATEMENT</b> 06 10/20/06 09:11:17 CHZ2006 (11/05)	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. # etc.			
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MINH LE, TAM 13154 CORTEZ BLVD BROOKSVILLE, FL 34613</b>			7. Name and Address of New Registered Agent Name Street Address (P. O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and filer (applicant)</small>		(NOTE: Registered Agent signature required when reinstating)		DATE <b>10-26-06</b>	
<b>FILE NOW!! FEE IS \$750.00</b> <b>After January 1, 2007, Fee will be \$900.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete <b>D</b> <b>MINH LE, TAM</b> <b>5052 PLANTATION DR</b> <b>HOLIDAY, FL 34690</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200081475042</b> <b>11/02/06--01037--004 **750.00</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed or on an attachment with an address, with all other IAs empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>10-26-06</b>		DAYTIME PHONE #	