


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: space-between;"><div style="text-align: left;">CORPORATION REINSTATEMENT</div><div style="text-align: center;"></div><div style="text-align: right;">FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</div></div>		FILED 02 FEB 11 AM 11:23 SECRETARY OF STATE TALLAHASSEE, FLORIDA 500005022305---1 -02/26/02--01088--020 ****008.75 ****008.75																												
DOCUMENT # V51311																														
1. Corporation Name <i>Pet APEER Holdings Inc</i>																														
2. Principal Office Address <i>14 Place du Commerce</i> Suite, Apt. #, etc. <i>Suite 350</i> City & State <i>Ste-les-Lacurs</i> <i>Verdun, QC</i> Zip <i>H3E-1T5</i> Country <i>Canada</i>	3. Mailing Office Address <i>14 Place du Commerce</i> Suite, Apt. #, etc. <i>Suite 350</i> City & State <i>Ste-les-Lacurs</i> <i>Verdun, QC</i> Zip <i>H3E-1T5</i> Country <i>Canada</i>	REINSTATEMENT 01-02 4. Date Incorporated or Qualified To Do Business in Florida <i>July 17, 1992</i> 5. FEI Number <i>95-4120231</i> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/></td><td style="width: 20%;">\$8.75 Additional Fee required for a Certificate of Status</td></tr></table>	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status																										
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7. Name and Address of Current Registered Agent <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">Name <i>CT Corporation System</i></td></tr><tr><td colspan="2">Street Address (P.O. Box Number is Not Acceptable) <i>1200 South Pine Island Rd.</i></td></tr><tr><td colspan="2">Suite, Apt. #, Etc.</td></tr><tr><td>City <i>Plantation</i></td><td>State <i>FL</i></td></tr><tr><td colspan="2">Zip Code <i>33324</i></td></tr></table>			Name <i>CT Corporation System</i>		Street Address (P.O. Box Number is Not Acceptable) <i>1200 South Pine Island Rd.</i>		Suite, Apt. #, Etc.		City <i>Plantation</i>	State <i>FL</i>	Zip Code <i>33324</i>																			
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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. <table style="width: 100%;"><tr><td style="width: 60%;">Signature of Registered Agent <i>Yurh Carter, Asst VP</i></td><td style="width: 40%;">Date <i>2-8-02</i></td></tr></table> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>			Signature of Registered Agent <i>Yurh Carter, Asst VP</i>	Date <i>2-8-02</i>																										
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9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td><i>D</i></td><td><i>RODGER BRULOTTE</i></td><td><i>801 - Martakuche</i></td><td><i>Lachenaie - J6W-5H2</i></td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>			Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	<i>D</i>	<i>RODGER BRULOTTE</i>	<i>801 - Martakuche</i>	<i>Lachenaie - J6W-5H2</i>																				
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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. <table style="width: 100%;"><tr><td style="width: 40%;">SIGNATURE: <i>X Rodger Brulotte</i></td><td style="width: 20%;">Date <i>Feb 7/02</i></td><td style="width: 40%;">Daytime Phone # <i>514-896-1114</i></td></tr></table> <p style="text-align: center; font-size: small;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>			SIGNATURE: <i>X Rodger Brulotte</i>	Date <i>Feb 7/02</i>	Daytime Phone # <i>514-896-1114</i>																									
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CT CORPORATION

CORPORATION(S) NAME

Petapeer Holdings Inc.

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<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input checked="" type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

2/11/02

Order#: 5117256

Ref#: _____

Amount: \$ _____

RECEIVED
02 FEB 11 AM 11:06
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615