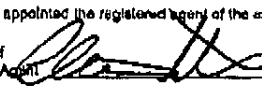


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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		CR2E081 (12/08)	
DOCUMENT # F07000002985					
1. Corporation Name Nutro Products, Inc.					
2. Principal Office Address - No P.O. Box # 6885 Elm Street		3. Mailing Office Address 6885 Elm Street		4. Date Incorporated or Qualified To Do Business In Florida 06/08/2007 5. FEI Number 95-3495327 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED ☐ \$875 Additional Fee required for a Certificate of Status.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State McLean, Virginia		City & State McLean, Virginia			
Zip 22101	Country Fairfax	Zip 22101	Country Fairfax		
7. Name and Address of Current Registered Agent					
Name CT Corporation System					
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road					
Suite, Apt. #, Etc.					
City Plantation				State FL	Zip Code 33324
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. Signature of Registered Agent  Chris McNear Date <u>10/15/2009</u> REGISTERED AGENT MUST SIGN Assistant Secretary					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list all legal directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
D/T	S. Grewal	6885 Elm Street		McLean, Virginia 22101	
D/P	D. Ansell	6885 Elm Street		McLean, Virginia 22101	
D/S	D.L. Watson	6885 Elm Street		McLean, Virginia 22101	
D	J.J. Murray	6885 Elm Street		McLean, Virginia 22101	
REINSTATEMENT RH					
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 601 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 contained in Chapter 119, 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: 		David L. Watson, Secretary		10/14/2009	703-821-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850) 617-6384

From:

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Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

CORPORATION REINSTATEMENT**NUTRO PRODUCTS, INC.**

Certificate of Status	0
Certified Copy	0
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RH