

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000004654

Entity Name: BEST FRIENDS PET CARE, INC.

FILED
Oct 21, 2009
Secretary of State

Current Principal Place of Business:

520 MAIN AVE
NORWALK, CT 06851

New Principal Place of Business:

Current Mailing Address:

520 MAIN AVE
NORWALK, CT 06851

New Mailing Address:

FEI Number: 13-3625116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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.

SIGNATURE: JUDITH REYES, ASST. SECY.

10/21/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARTONG, JR., HENDRIK J
Address: 603 STEAMBOAT ROAD UNIT 3
City-St-Zip: GREENWICH, CT 06830

Title: D () Delete
Name: TAGGART, IAN B
Address: 91 SHORE ROADE
City-St-Zip: OLD GREENWICH, CT 06870

Title: D () Delete
Name: MCCABE, JOAN Y
Address: THREE VALLEY RIDGE RD
City-St-Zip: HARRISON, NY 10528

Title: D () Delete
Name: DOLAN, DENNIS M
Address: 150 STROLL ROCK COMMON
City-St-Zip: FAIRFIELD, CT 06430

Title: D () Delete
Name: MARTIN, THOMAS E
Address: 55105 BUFFALO LANE
City-St-Zip: NEW LONDON, MO 06345

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CONT () Change (X) Addition
Name: THOMAS, BRIAN CONT
Address: 231 HENDERSON ROAD
City-St-Zip: FAIRFIELD, CT 06824 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN THOMAS

CONT

10/21/2009

Electronic Signature of Signing Officer or Director

Date