F070000005201

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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-wo7-50437

Office Use Only



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10/10/07--01015--007 **87.50

OTOCT 19 PM 4: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 11, 2007

DAVID S. ROBBINS TRLVET TECHNOLOGIES, CO. 702 17TH STREET EAST PALMETTO, FL 34221

SUBJECT: TEKVET TECHNOLOGIES, CO.

Ref. Number: W07000050437

We have received your document for TEKVET TECHNOLOGIES, CO. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved corporation. The name of a voluntarily dissolved corporationis not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved corporation provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Must complete page 2 of qualification form (see attached)

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 307A00059886

RECEIVED

07 OCT 19 PN 2: 08

NEPARIMENT OF STATE
NINISION OF CORPORATION
TALL AUASSEF, FLORIDA



702 17th Street East Palmetto, FL 34221

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Attn: Loria Poole Regulatory Specialist II

Reference Letter: 307A00059886 Dated October 11, 2007

Subject: TekVet Technologies CO Ref: #: W07000050437

Good morning Loria,

I, David S. Robbins, as Registered Agent, President, Treasure and Secretary of TekVet Technologies, Co., (Document # P07000094409) which I voluntarily dissolved on 10/8/07 have no intention of revoking this dissolution, therefore releasing the name to be used for my application as a Foreign Corporation to transact business in the State of Florida.

With our original request application we submitted a check for \$87.50 along with an Original Certificate of Existence, which is still in your possession.

If you have any questions please contact me.

David S. Robbins

Thank you and regard

TekVet Technologies, Co.

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: TEKVET TECHNOLOGIES CO.			
(Name of corporation - must include suffix)			
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.			
Please return all correspondence concerning this matter to the following:			
NAME S. Robbins			
DAVID S. Robbins (Name of Person)			
TEKVET TECHNOLOGIES (O. (Firm/Company)			
(Firm/Company)			
702 17th Street East			
· (Address)			
Polmoth, FL 34221			
(City/State and Zip code)			
For further information concerning this matter, please call:			
(Name of Person) at (941) 121 - 0100 (Area Code & Daytime Telephone Number)			
(Name of Person) (Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS: MAILING ADDRESS:			
New Filing Section New Filing Section			
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327			
2661 Executive Center Circle Tallahassee, FL 32314			
Tallahassee, FL 32301			
Enclosed is a check for the following amount:			
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy			

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(If name unavailable in Florida, enter alternate co	orporate name adop	ted for the purpose of tran	sacting busines	s in Florida)	
2. NEVada (State or country under the law of which it is incor-	3	<u></u>	3970		
1 /4 / 4			п аррпсавіе)		
4. (Date of incorporation)	5	ration: Year corp. will co	ease to exist or "	nernetual")	
• ,	(Du	ration. Tour corp. will or	ase to exist of	perpetual)	
		rida, if prior to registration. S., to determine penalty			
. 702 17th Street EAST	T PAI	METTO FI	34221		
(Princip	ipal office address)	100,10	01001		
FOZ 17th StrEET E	'AST PA	LLMETTO, FL	34221		
(Curren	nt mailing address)				
(Purpose(s) of corporation authorized in ho	Long torin		of Florida)	A P	<u> </u>
•	-		or riorida)	器	144
Name and <u>street address</u> of Florida registered	1 agent: (P.O. Bo	x <u>NOT</u> acceptable)		ASSE ANA 61	Print.
Name: DAVID S Kobbin	<u>S</u>				i
Office Address: 702 17th St Ea	3.ST		í	PH 4	
		2/02:		4: 20 STATE	•
YALME (10 (City)		Florida Stly (Zin code)	<u>`</u>	<u>,</u>	
(Chy)		(Zip code)			
Degistered egent's eccenteres:					
	accept service of				
aving been named as registered agent and to		us revisierea avent and			
10. Registered agent's acceptance: Having been named as registered agent and to designated in this application, I hereby accept to	the appointment			_	
Having been named as registered agent and to	the appointment a all statutes rel ativ	e to the proper and co		nance of my) dui
Having been named as registered agent and to lesignated in this application, I hereby accept t urther agree to comply with the provisions of a	the appointment a all statutes rel ativ	e to the proper and co		nance of my	y dui
Having been named as registered agent and to lesignated in this application, I hereby accept to urther agree to comply with the provisions of a	the appointment a all statutes rel ativ	e to the proper and co		nance of my	y dui

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: ____ Address: ___ Director: ___ Address: _____ Director: _ **B. OFFICERS** Vice President: Address: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) David S Robbins (Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **TEKVET TECHNOLOGIES CO.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 7, 2007, and is in good standing in this state.

O TE O

Electronic Certificate
Certificate Number: C20071002-1707
You may verify this electronic certificate
online at http://secretaryofstate.biz/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 2, 2007.

ROSS MILLER Secretary of State