

F09000003888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

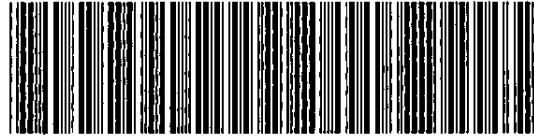
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/21/09--01038--015 **78.75

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09 SEP 30 PM 4:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
10/1

11709-42491

LAW OFFICES OF THOMAS G. AMON

250 West 57th Street, Suite 1316
New York, NY 10107

Tel: (212) 810-2430
Fax: (212) 810-2427

September 16, 2009

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: PawsPlus, Inc.

Dear Sir or Madam:

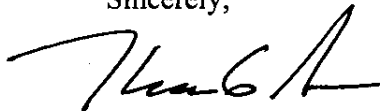
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Good Standing" and check for \$78.75 (filing fee and certified copy) are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Thomas G. Amon
Law Offices of Thomas G. Amon
250 West 57th Street, Suite 1316
New York, NY 10107
E-mail: tamon@amonlaw.com

For further information concerning this matter, please call: Thomas G. Amon at (212) 810-2430.

Sincerely,



Thomas G. Amon



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2009

LAW OFFICES OF THOMAS G AMON
250 WEST 57TH STREET
SUITE 1316
NEW YORK, NY 10107

SUBJECT: PAWSPLUS, INC.
Ref. Number: W09000042491

We have received your document for PAWSPLUS, INC. and your check(s) totaling \$78.75. 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 an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with 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) 245-6879.

Ruby Dunlap
Regulatory Specialist II

Letter Number: 509A00031074

LAW OFFICES OF THOMAS G. AMON

250 West 57th Street, Suite 1316
New York, NY 10107

Tel: (212) 810-2430
Fax: (212) 810-2427

September 28, 2009

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

Att'n: Ruby Dunlap
Regulatory Specialist II

Re: PawsPlus, Inc
Ref. No.: W09000042491
Letter No.: 509A00031074

Dear Ms. Dunlap:

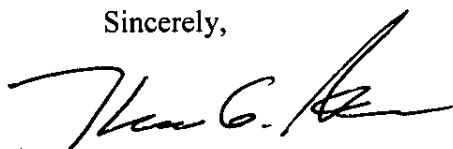
As per our conversation on this last week, I am resubmitting the Application by Foreign Corporation for Authorization to Transact Business in Florida of PawsPlus, Inc.

As noted, the original Application was rejected because a company with the same name had been incorporated in Florida. That company was administratively dissolved on September 26, 2008. As per your letter, the name PawsPlus, Inc. was not available in Florida for one year, or until September 26, 2009. Since the one year has now passed, we respectfully request acceptance of the enclosed document for filing.

Should you have any questions concerning this matter, please do not hesitate to call.

Thank you.

Sincerely,



Thomas G. Amon

Cc: PawsPlus, Inc.

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. PawsPlus, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 37-1465836
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 30, 2003 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4152 Independence Court, Sarasota, FL 34234
(Principal office address)

4152 Independence Court, Sarasota, FL 34234
(Current mailing address)

8. _____
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: K. Bryan Shobe

Office Address: 4152 Independence Court

Sarasota, Florida 34234
(City) (Zip code)

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SECRETARY OF STATE

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

K. Bryan Shobe, CEO & President
(Registered agent's signature)

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:

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A. DIRECTORS

Chairman: K. Bryan Shobe

Address: 4152 Independence Court

Sarasota, FL 34234

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: K. Bryan Shobe

Address: 4152 Independence Court

Sarasota, FL 34234

Vice President: _____

Address: _____

Secretary: Thomas G. Amon

Address: Law Offices of Thomas G. Amon, 250 West 57th Street, Suite 1316, New York, NY 10107

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

K. Bryan Shobe, President
(Signature of Director or Officer listed in number 12 of the application)

14. _____

K. Bryan Shobe, President

(Typed or printed name and capacity of person signing application)

Delaware

The First State

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PAWSPLUS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PAWSPLUS, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF APRIL, A.D. 2003.

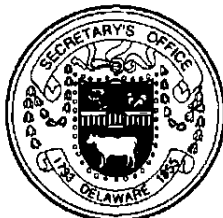
AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.


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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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090857023



You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7527825

DATE: 09-15-09