PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 DEC 27 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000004708

1. Corporation Name

DOANE PET CARE COMPANY

Principal Place of Business	Mailing Address
103 POWELL COURT SUITE 200 BRENTWOOD TN 37027	P.O. BOX 2487 BRENTWOOD TN 37024-2487

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 2000

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
210 Westwood Place S.	
Suite, Apt. #, etc. Suite 400	Suite, Apt. #, etc.
City & State Brentwood TN	City & State
Zip 37027-5079 Country USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/27/1995

5. FEI Number: 43-1350515 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

800003583218--9
-01/29/01--01005--021
****750.00 ****750.00

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City, State, ZIP 4
COBD	KELLY, GEORGE B	~~EIGHT GREENWAY PLAZA, STE 714~~ 600 Travis, Suite 6110	~~HOUSTON TX 77046~~ Houston, TX 77002
PCEO	CAHILL, DOUGLAS J	~~103 POWELL COURT, SUITE 200~~ Suite 400 210 Westwood Place S.	BRENTWOOD TN 37027
SVPS	HEIDENTHAL, THOMAS R	~~103 POWELL COURT, SUITE 200~~ Suite 400 210 Westwood Place S.	BRENTWOOD TN 37027
~~SVPO~~ VP	~~GOWAN, F. DONALD~~ Phillip Woodlief	~~103 POWELL COURT, SUITE 200~~ Suite 400 210 Westwood Place S	BRENTWOOD TN 37027
VP	BECHTEL, TERRY W	~~103 POWELL COURT, SUITE 200~~ Suite 400 210 Westwood Place S	BRENTWOOD TN 37027
~~VPCD~~	~~WOHLSCHLAEGER, RICHARD D.~~	~~103 POWERLL COURT, SUITE 200~~	~~BRENTWOOD TN 37027~~

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City — State FL — Zip Code

CR2E040 (8/00)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: VICKY GOLDSTEIN SPECIAL ASSISTANT SECRETARY — Date 12/26/00
REGISTERED AGENT MUST SIGN

11. 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.

SIGNATURE: SIGNATURE REQUIRED — 11/6/00 — (615)309-1051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #