

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -2 AM 10:32

DOCUMENT # **K80692**

1. Corporation Name

ECOLGY PET
15974 STRD 84
SUNRISE FL 33326

2. Principal Office Address

15974 STRD 84

Suite, Apt. #, etc.

City & State

SUNRISE FL

Zip

33326

Country

3. Mailing Office Address

15974 STRD 84

Suite, Apt. #, etc.

City & State

SUNRISE FL

Zip

33326

Country

REINSTATEMENT 99-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/17/89

5. FEI Number

65-0116572

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

John A. RACIN, P.A. & Associates

Street Address (P.O. Box Number is Not Acceptable)

10850 S. US HWY ONE

Suite, Apt. #, Etc.

300003856763

-03/16/01-01105-027

*****1058.75 ***1058.75**

City

Port St. Lucie

State

FL

Zip Code

34952

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**

JOHN A. RACIN, P.A.
REGISTERED AGENT MUST SIGN

Date 2/28/01

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	JORJA GUERRA	2450 SE DRAYTON RD	PSL FL 34952
VP	JORJA GUERRA	2450 SE DRAYTON RD	PSL FL 34952
1	JORJA GUERRA	2450 SE DRAYTON RD	PSL FL 34952
2	JORJA GUERRA	2450 SE DRAYTON RD	PSL FL 34952

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 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:

JORJA GUERRA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01
Date

561-692-2623
Daytime Phone #