PLEASE READ	) ALL INSTF	RUCTIONS	BEFORE C	OMPLETI	ING TAIS FOR	М.	ر ایمار
REINSTATEMENT	FLORIDA I Sa	DEPARTMEN andra B. Mort Secretary of S ISION OF CORPOR	TOF STATE tham state		97 OCT 22 AM	/ 411:03	xg. 10 j
DOCUMENT # KOGO			SECRETARY OF TALLAHASSEE,	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business  4442 NE 20th I  FOT LAUDERDAK, F  If above addresses are incorrect in any way, line to	<sup>2</sup> L 3330	08-S112		16-	1997	A	5
New Principal Office Address, If Applicable		Office Address, If /		4. Date Incorporate To Do Busin	orated or Qualified 5/	9/89	***
Sulte, Apt. #, etc.	Apt. #, etc. Suite, Apt. #, etc.			5. FEI Number	r		oplied For
City & State	City & State	City & State		65-01	122277		ot Applicable
Zip Country	Žip	Country	/		E OF STATUS DESIRED	\$8.75 Additiona for a Certificat	
President Julit Burste		3 (Do NOT Us 2750 N -	icer and/or Director se Post Office Box N 3 4 7 A V	enve	Hollywod, 1000023;	29656 701008- .00 *****	3 <b>7</b> -014
Judit Burstein				O Day Number	is flat Ashantable)		
2750 N. 34 <sup>th</sup> AUE  /tellywood, FC 3307/  10. 1, being appointed the registered agent of the above named corporation, am familiar wi			Street Address (P.O. Box Number is Not Acceptable)  Suite, Apr. #, Etc.  City  State  Lip Code  Lip Code  Lip Code				
agnature of Hygistered Agent 11. Does this corporation pay	REGISTERED AGEN	NT MUST SIGN	9 f		Date G. (See other	28.9	tion
Dept. of Revenue under S  12. I certify that I am an officer or director or the recthis reinstatement application, the reason for discowed by the corporation have been paid and the on this application is true and accurate, and my	5. 199.032, F celver or trustee empo ssolution has been eli ne names of individual	Florida Statu nowered to execute the liminated, the corporate listed on this form	this application as protected name satisfies to do not qualify for a	the requirements an exemption und	on I opter 607 or 617, F.S. I fur of section 607.0401 or 61	Intangible tax.)  ther certify that w	/hen filing

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Daylime Phone #

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SIGNATURE:

Judy's Pet Grooming, Inc.

4442 NE 20th Avenue Fort Lauderdale, FI 33308 pg.2012

June 24, 1997

State of Florida **Division of Corporations** PO Box 6327 Tallahassee, FL 32314

To Whom It May Concem:

Enclosed you will find an application of reinstatement for Judy's Pet Grooming, Inc. In addition to the application you will find a check in the amount of \$365.00. Since we did not receive a 1996 or 1997 Corporate Annual Report In the mail I was told in a recent phone conversation with your office to send \$200.00 for 1996 and \$165.00 for 1997.

Thank You In Advance For Your Assistance,

President