

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 24 AM 9:16

DOCUMENT # L01000005438

1. Limited Liability Company's Name

Key West Pet Company, L.L.

2. Principal Office Address

2770 N. Roosevelt Blvd

Suite, Apt. #, etc.

City & State

Key West FL

Zip

33040

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip Country

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified  
To Do Business in Florida

3/03

6. FEI Number

651109375

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Julie Ann Garber

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

1610 Kennedy Drive

Suite, Apt. #, Etc.

Suite 201

City

Key West

State

FL

Zip Code

33040

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Julie Ann Garber

REGISTERED AGENT MUST SIGN

Date

1/13/05

10. Names and Street Addresses of Managing Members/Managers

| Titles     | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip       |
|------------|--------------------------------------|---|--------------------------|
| <u>Mgr</u> | <u>Nancy J. Clark</u>                | <u>1019 Whitehead St</u>                          | <u>Key West FL 33040</u> |
| <u>Mgr</u> | <u>Susan L. Snel</u>                 | <u>1019 Whitehead St</u>                          | <u>Key West FL 33040</u> |
|            |                                      |   |                          |
|            |                                      |   |                          |
|            |                                      |   |                          |
|            |                                      |   |                          |

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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

Nancy J. Clark

Date

1/18/05

Daytime Phone #

305 509-2097

Typed or printed name of signing Managing Member/Manager

NANCY J. CLARK

CR2E041 (10/02)