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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hoag**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN -9 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000015525

Name and Mailing Address

0001650 01 AT 0.292 \*\*AUTO T8 0 0615 32211-484839

ANIMAL THERAPY PRODUCTS, LLC  
1239 ROGERO ROAD  
JACKSONVILLE FL 32211-4848



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/20/2002	
Principal Place of Business 10102 PARMAN ROAD JACKSONVILLE FL 32222	3. New Principal Place of Business Address	6. FEI Number 26-0067619	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent  TAGLIONE, RAY 1239 ROGERO ROAD JACKSONVILLE FL 32211		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 900025339429 12/09/03--01016--011 **150.00 City FL Zip Code	
10. 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 <i>[Signature]</i> <b>SIGNATURE REQUIRED</b> Date 12-4-04 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres.	Ray Taglione	1239 Rogero Rd.	Jacksonville, Fla. 32211
REINSTATEMENT <i>03</i> <i>[Signature]</i>			
12. 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 <i>[Signature]</i> <b>SIGNATURE REQUIRED</b> Date 12-4-04 Daytime Phone # 904-779-2590 Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)