2003 UBR

APPLICATION FOR ~~REINSTATEMENT~~

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

FILED
03 OCT 22 PM 1:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000024664
Name and Mailing Address

0007388 01 AT 0.292 **AUTO T6 0 0815 33176-662890
PETMASTERS PET & HOME SITTING SERVICE, LLC
10690 S.W. 137TH STREET
MIAMI FL 33176-6628

MJH

10/22

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 09/20/2002

Principal Place of Business
10690 S.W. 137TH STREET
MIAMI FL 33176

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number 03-0499857 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

NEIWIRTH, RONALD G ESQ.
C/O FOWLER WHITE BURNETT, P.A.
100 S.E. SECOND STREET, 17TH FLOOR
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name: Debora Smith
Street Address (P.O. Box Number is not Acceptable): 10690 SW 137 ST
MIAMI FL 33176
City: FL Zip Code: 33176

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: Debora Smith Date: 10/16/03
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
Managing Mem.	Debora J. Smith 10690 S.W 137ST MIAMI FL 33176	10690 SW137ST MIAMI FL	33176/FL
Managing Member			S03267900282 09/22/03 90102017 $50.00

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: Debora J. Smith Date: Daytime Phone: (305) 3231274

Typed or printed name of signing Managing Member/Manager