


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

10 JAN 25 PM 12:12

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 207000054423

1. Limited Liability Company's Name

Pet Matters, LLC.

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # <u>4082 Commercial Way</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>4082 Commercial Way</u> Suite, Apt. #, etc.	
City & State <u>Spring Hill, FL</u> Zip Country <u>34465</u> <u>Hernando</u>		City & State <u>Spring Hill, FL</u> Zip Country <u>34465</u> <u>Hernando</u>	

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida <u>5/4/2007</u>	
6. FEI Number <u>28-0293166</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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		
Name <u>Ruth Branson</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>4819 N. Valley T.</u>		
Suite, Apt. #, Etc.		
City <u>Beverly Hills</u>	State <u>FL</u>	Zip Code <u>34468</u>

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Ruth Branson

REGISTERED AGENT MUST SIGN

Date 1/13/10

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	<u>Kelly Fredrickson</u>	<u>4819 N. Valley Terrace</u>	<u>Beverly Hills, FL 34468</u>
MGR	<u>Deborah Owens</u>	<u>7298 Blackhawk Trail</u>	<u>Spring Hill, FL 34606</u>
REINSTATEMENT <u>08-10</u> <u>01/20/10</u> <u>000166677270</u> <u>01/20/10</u> <u>01007--006</u> <u>**416.25</u>			
<u>AB</u>			

11. E-mail Address: Ruth Branson@aol.com

(To be used for future annual report notifications)

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

Ruth Branson

Date 1/13/10

Daytime Phone # 352-746-1341

Typed or printed name of signing Managing Member/Manager