100

ÉLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		Thomas & Assess	
LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	11 HAY -5 PM 2:49	
DOCUMENT # 1. Limited Liability Company's Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Pawsitive Pet Care	LLC	100201536891 04/13/11-01002-012 **242.50 CR2E041 (05/10)	
29 Principal Office Address - No P.O. Box # St	3. Mailing Office Address	State/Country of Formation	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Date Organized or Qualified To Do Business in Florida 6 . 10 . 69	
City & State Myers FL.	Zip Country	62 FEI Number Applied For Not Applied Not Applicable	
33907 IISA	(1)	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status	
Street Adgress (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.	St	100201536891 05/09/1101011008 **135.00	
city F4 Myers	State State 3390 7		
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 Date 11.27.10			
10. Names and Street Addresses of Managing Men	nbers/Managers		
Titles Name of Managing Members/Manage	Street Address of Eachers Managing Member/Mana		
	RE	INSTATEMENT 200-/	
,			
11, E-mail Address: Lylca 232	2 (0) 4412 2 22		
11, E-mail Address: 12. I certify that I am managing member/manager or the receiver or flastee 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		27.11 Daytime Phone # 239 818 · 0144	
Typed or printed name of signing Managing Member/Manager			

(#135°W)