

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L10444

1. Corporation Name

The Total Pet Complex, Inc.

FILED
00 SEP 25 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

c/o Richard G. Hathaway, Esq.
100 Laura Street
Jacksonville, FL 32202c/o Richard G. Hathaway
100 Laura Street
Jacksonville, FL 32202

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
PO Box 12943. New Mailing Office Address, If Applicable
PO Box 1294

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ponte Vedra Beach, FL

Ponte Vedra Beach, FL

Zip
32004Country
USAZip
32004Country
USA4. Date Incorporated or Qualified
To Do Business in Florida

8/18/89

5. FEI Number

59-2984149

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
1	Jay A. Shapiro	880 State Rd. A1A, Ste. 21	Ponte Vedra Beach, FL 32082
			200003409402--7 -09/29/00--01041--008 ***1358.75 ***1358.75

8. Name and Address of Current Registered Agent

Richard G. Hathaway, Esq.
100 Laura Street
Jacksonville, Florida 32202

9. Name and Address of New Registered Agent

Name
Pamela K. Phillips
Street Address (P.O. Box Number is Not Acceptable)
50 N. Laura Street, Suite 2800
Suite, Apt. #, Etc.City
JacksonvilleState
FLZip Code
32202

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

Sept 20, 2000

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.Yes ☒No ☐(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay A. Shapiro

9/20/00

Date

(904) 607-0168

Daytime Phone #