PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 OCT 24 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # L11000102456

1. Limited Liability Company's Name

No Dog Food For Me, LLC 2012

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3835 LAKE BREEZE DRIVE	3835 LAKE BREEZE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAND O'LAKES FL	City & State: LAND O'LAKES FL
Zip: 34639 Country:	Zip: 34639 Country:

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 09/07/02011

6. FEI Number: ☑ 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

Name: Patricia A. Pannullo

Street Address (P.O. Box Number is Not Acceptable): 3835 Lake Breeze Drive

Suite, Apt. #, Etc.

City: Land O Lakes | State: FL | Zip Code: 34639

E-mail Address:

400241156574
10/25/12--01001--022 **238.75

Pat_Pannullo@fd.org
(To be used for future annual report notices)

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 /s/ Patricia A. Pannullo Date 10/24/12
REGISTERED AGENT MUST SIGN

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	Patricia A. Pannullo	3835 Lake Breeze Drive	Land O Lakes, FL 34639

REINSTATEMENT 2012

11. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager /s/ Patricia A. Pannullo Date 10/24/12 Daytime Phone # (813) 228-2723 Ext 149

Typed or printed name of signing Managing Member/Manager