

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 APR -8 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12000107572

1. Limited Liability Company's Name

Well Pets Veterinary Services LLC
481 SW 82 Ave
Miami FL 33144

2. Principal Office Address - No P.O. Box #

481 SW 82 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33144

Country

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

8/21/2012

6. FEI Number

46-0831259

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

Natalie Gutierrez

Street Address (P.O. Box Number is Not Acceptable)

481 SW 82 Ave

Suite, Apt. #, Etc.

City

Miami FL 33144

State

FL

Zip Code

400258778184
04/08/14--01016--012 **418.90

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/2/2014

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Natalie Gutierrez	481 SW 82 Ave	Miami FL 33144

REINSTATEMENT

APR 08 2014

R. HUNT

11. E-mail Address:

NGUTID002@GMAIL.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

[Signature]

Date

4/2/2014

Daytime Phone #

(305) 903 4324

Typed or printed name of signing Authorized Representative/Manager

Natalie Gutierrez