

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Read Instructions on Other Side Before Making Entries  
Make Check Payable To: **Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT # L22299**

**The Total Pet Complex at Ponte Vedra Pointe, Inc.  
880 State Road A1A, Suite 21  
Ponte Vedra Beach, Florida 32082**

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

**REINSTATEMENT** 95 97-11118

4. Date Incorporated or Qualified  
To Do Business in Florida  
**October 7, 1989**

5. FEI Number  
**59-2984072**

FEI Number Applied For

FEI Number Not Applicable

6. **\$8.75 Additional Fee required  
for a Certificate of Status**

CERTIFICATE OF STATUS DESIRED ☐

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
P	Jay A. Shapiro	880 State Rd. A1A, Suite 21	Ponte Vedra Beach, FL 32082

**REGISTERED AGENT INFORMATION**

8. Name and Address of Current Registered Agent

**Richard G. Hathaway  
10151 Deerwood Park Blvd.  
Building 100, Suite 250  
Jacksonville, Florida 32256**

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State

Zip

**FL.**

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 **3-12-94**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation 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  
Officer or Director

Date **3/12/97**

Daytime Phone #

Typed or printed name of signing officer or director

**JAY A. SHAPIRO**

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