PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 SEP 17 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****908.75 ****908.75

**DOCUMENT #** L22299

**1.** Corporation Name
The Total Pet Complex at Ponte Vedra Pointe, Inc.

**REINSTATEMENT** 00-01

| **2.** Principal Office Address | | **3.** Mailing Office Address | |
|---|---|---|---|
| 880 State Road A1A | | 50 N. Laura Street | |
| Suite, Apt. #, etc. Suite 21 | | Suite, Apt. #, etc. Suite 2800 | |
| City & State Ponte Vedra Beach, FL | | City & State Jacksonville, FL | |
| Zip 32082 | Country USA | Zip 32202 | Country USA |

**4.** Date Incorporated or Qualified To Do Business In Florida 10/11/89

**5.** FEI Number 592984072 — Applied For / Not Applicable

**6.** CERTIFICATE OF STATUS DESIRED [X] — $8.75 Additional Fee required for a Certificate of Status

**7.** Name and Address of Current Registered Agent

Name: Pamela K. Phillips
Street Address (P.O. Box Number is Not Acceptable): 50 N. Laura Street
Suite, Apt. #, Etc.: Suite 2800
City: Jacksonville — State: FL — Zip Code: 32202

**8.** I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Pamela K. Phillips — REGISTERED AGENT MUST SIGN — Date

CR2E081 (9/00)

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| DPST | Jay A. Shapiro | 880 State Rd. A1A, Ste. 21 | Ponte Vedra Beach, FL 32082 |
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**10.** 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:** Jay A. Shapiro — 9/6/01 — (904) 607-0168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #