

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> L99000002362			
<b>1. Limited Liability Company's Name</b> PET VET CARE . Com			
<b>2. Principal Office Address</b> 5320 E. BAY DR.		<b>3. Mailing Office Address</b> -- SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Clearwater, Florida		City & State	
Zip 33764	Country USA	Zip	Country
<b>4. State/Country of Formation</b> Florida / USA		<b>5. Date Organized or Qualified To Do Business in Florida</b> 4/19/99	
<b>6. FET Number</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<b>\$3.00 Additional Fee required for a Certificate of Status</b>	
<b>8. Name and Address of Current Registered Agent</b>			
Name <b>SERGIO CARVAJAL, DVM</b>			
Street Address (P.O. Box Number is Not Acceptable) 1006 SANABEL CT. N.E.			
Suite, Apt. #, Etc.			
City ST. Petersburg		State FL	Zip Code 33702
<b>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.</b>			
Signature of Registered Agent <i>Sergio Carvajal</i>		Date 10-23-00	
<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
VP,	JUAN CARVAJAL	344 PLYMOUTH ST.	SAFETY HARBOR, FL, 34645
VP,	CRUZ CARVAJAL	1006 SANABEL CT. NE.	ST. PETERSBURG, FL, 33702
VP3	LEONOR CARVAJAL	" "	" " "
<b>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.</b>			
Signature of Managing Member/Manager <i>Sergio Carvajal</i>		Date 10-23-00	
Typed or printed name of signing Managing Member/Manager JUAN CARVAJAL / SERGIO CARVAJAL, DVM.		Daytime Phone # (727) 535-5433	

**FILED**  
00 DEC -4 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 2000**

CR2E041 (9/00)

11/13/00