

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 MAY 10 AM 7:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000004995**

1. Corporation Name

**PET NETWORK, INC.**

Principal Place of Business

Mailing Address

15450 S.E. 60TH ST  
MORRISTON FL 32668

15450 S.E. 60TH ST  
MORRISTON FL 32668



**REINSTATEMENT** 03-04

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/12/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3746153

Applied For  
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

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	4 City / State / Zip
RP	TAAFFE, MARY	15450 S.E. 60TH ST	MORRISTON FL 32668
<del>D</del>	<del>BOYNTON, PATRICIA</del>	<del>15430 SE 60TH ST</del>	<del>MORRISTON FL 32668</del>
<del>D</del>	<del>SCOZZAFAVA, JOSEPH</del>	<del>13085 THEXA TERR</del>	<del>FLORAL CITY FL 34438</del>
S	Gertrude C. Dickinson	7963 CR 247	Lake Panasoffkee FL 33538
T	Kim Permann	901 NW 58th Court	Ocala, FL 34482
D	Beth Lord	2 Sycamore Court North	Homosassa, FL 34446
D	Kristina Jarosova	4818 SW 26th Terr. Apt D	Gainsville, FL 32608

8. Name and Address of Current Registered Agent

TAAFFE, MARY  
15450 SE 60TH ST  
MORRISTON FL 32668

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

200035792712  
05/10/04--01016--003 \*\*297.50

City

State

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Mary Taffe*  
REGISTERED AGENT MUST SIGN

Date **May 3, 2004**

11. 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:

*Gertrude C. Dickinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 3, 2004 352 748 1986  
Date Daytime Phone #

CR2E040 (7/03)