2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000003272

Entity Name: SENIOR PETS FOR SENIOR FOLKS INC.

FILED Nov 04, 2009 Secretary of State

Current Principal Place of Business: New P	incipal Place of Business:
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3016 BUCIDA DR. 1100 BEACH DRIVE NE #1 SARASOTA, FL 34232 ST. PETERSBURG, FL 33701

Current Mailing Address: New Mailing Address:

3016 BUCIDA DR. 1100 BEACH DRIVE NE #1 SARASOTA, FL 34232 ST. PETERSBURG, FL 33701

FEI Number: 26-2921434 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WHITE, ANN
3016 BUCIDA DR.
SARASOTA, FL 34232 US
WHITE, ANN
1100 BEACH DRIVE NE#1
ST PETERSBURG, FL 33701 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANN WHITE 11/04/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: WHITE, ANN Name: WHITE, ANN

 Name:
 WHITE, ANN
 Name:
 WHITE, ANN

 Address:
 3016 BUCIDA DR.
 Address:
 1100 BEACH DRIVE NE #1

 City-St-Zip:
 SARASOTA, FL 34232
 City-St-Zip:
 ST PETERSBURG, FL 33701

Title: SD () Delete Title: () Change () Addition

 Name:
 UCHITELLE, BOB
 Name:

 Address:
 3016 BUCIDA DR.
 Address:

 City-St-Zip:
 SARASOTA, FL 34232
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 UCHITELLE, LEONA
 Name:

 Address:
 3016 BUCIDA DR.
 Address:

 City-St-Zip:
 SARASOTA, FL 34232
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN WHITE PD 11/04/2009