

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000007547

FILED
Nov 03, 2009
Secretary of State

Entity Name: VETMADE INDUSTRIES, INC.

Current Principal Place of Business:

2909 W SITIOS STREET
TAMPA, FL 33629

New Principal Place of Business:

1517 WEST CYPRESS ST
TAMPA, FL 33606

Current Mailing Address:

2909 W SITIOS STREET
TAMPA, FL 33629

New Mailing Address:

FEI Number: 26-3415617 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAMPBELL, JOHN S
2909 W SITIOS STREET
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

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: JOHN S. CAMPBELL

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAMPBELL, JOHN S
Address: 2909 W SITIOS STREET
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: MINICHINO, MARIO
Address: 12902 ASTONWOOD PLACE
City-St-Zip: RIVERVIEW, FL 33579

Title: D () Delete
Name: MART, HANK
Address: 1206 MILLENNIUM PKWY
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: CAVEDA, DAVID
Address: 324 S HYDE PARJ AVE SUITE 230
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: MCGUINNESS, SHIRLEY
Address: 4802 HIGHLAND AVE
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: JOHNSON, SEAN M
Address: 10971 COUNTRYWAY BLVD
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JOHN S. CAMPBELL

Electronic Signature of Signing Officer or Director

DIR

11/03/2009

Date