


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N23061</b> 1. Entity Name PET PLACEMENT, INC.						FILED 08 NOV -5 AM 11:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2022 LEE WYNN DR SARASOTA, FL 34240 US				Mailing Address P.O. BOX 22094 SARASOTA, FL 34276-5094 US			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 65-0014837				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  VINCENT, MARSHA 2022 LEE WYNN DR SARASOTA, FL 34240				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2009, Fee will be \$122.50</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VINCENT, WILLIAM <input type="checkbox"/> Delete 2022 LEE WYNN DR SARASOTA, FL 34240			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2022 West Leewynn Drive		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAXSON-ROLLINS, LISA DVM <input type="checkbox"/> Delete 3240 GULFGATE DR SARASOTA, FL 34231			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900137670679 11/05/08--01034--004 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VINCENT, MARSHA <input type="checkbox"/> Delete 2022 LEE WYNN DR. SARASOTA, FL 34240			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2022 West Leewynn Drive		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FISHER, CHERYL <input type="checkbox"/> Delete 2560 SUNNYSIDE ST SARASOTA, FL 34239			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, BRUCE F <input type="checkbox"/> Delete 7753 SR 72 SARASOTA, FL 34241			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
<b>SIGNATURE:</b> <i>Marsha Vincent</i>				<i>Marsha Vincent</i>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			