

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JUL 28 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N50123**

1. Corporation Name

People Helping Pets, Inc.
8322 NW 43rd Street
Coral Springs, FL 33065

2. Principal Office Address - No P.O. Box #

8322 NW 43rd Street
Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip
33065

Country **Broward**
USA **cnty**

3. Mailing Office Address

300 So. Pine Island Rd.
Suite, Apt. #, etc.

110

City & State

Plantation, FL

Zip
33324

Country **Broward**
USA **cnty**

REINSTATEMENT

08-09

CR2E081 (12/08)

**4. Date Incorporated or Qualified
To Do Business in Florida**

9-3-92

5. FEI Number

65-0370680

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Mark Zand, CPA

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

300 So. Pine Island Rd.

Suite, Apt. #, Etc.

110

City

Plantation

State

FL

Zip Code

33324

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

200158512132
07/15/09 **01009-002** **122.50**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/DIR	Jill Paul	8322 NW 43rd Street	Coral Springs, FL 33065
T/DIR	Norman Paul	8322 NW 43rd Street	Coral Springs, FL 33065

10. 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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-9-09 **954.370.0300**

7/28/09