

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000001468

Entity Name: PETSUVETSANDYOU, INC.

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

932 E. SHADOWLAWN AVENUE
TAMPA, FL 33603

New Principal Place of Business:

4212 SAN RAFAEL ST
TAMPA, FL 33629

Current Mailing Address:

932 E. SHADOWLAWN AVENUE
TAMPA, FL 33603

New Mailing Address:

4212 SAN RAFAEL ST
TAMPA, FL 33629

FEI Number: 59-3619483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARCIA, EDDIE D.V.M.
932 E. SHADOWLAWN AVENUE
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

GARCIA, EDDIE D.V.M.
4212 SAN RAFAEL ST
TAMPA, FL 33629 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: EDDIE GARCIA

01/04/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHDS () Delete
Name: GARCIA, EDDIE DVM
Address: 932 E SHADOWLAWN AVE
City-St-Zip: TAMPA, FL 33603

Title: VPAS () Delete
Name: TURNER, KEVIN L
Address: 932 E SHADOWLAWN AVE
City-St-Zip: TAMPA, FL 33603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHDS (X) Change () Addition
Name: GARCIA, EDDIE DVM
Address: 4212 SAN RAFAEL ST
City-St-Zip: TAMPA, FL 33629

Title: VPAS (X) Change () Addition
Name: GARCIA, ERIC D
Address: 4212 SAN RAFAEL ST
City-St-Zip: TAMPA, FL 33629

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDDIE GARCIA

CHDS

01/04/2008

Electronic Signature of Signing Officer or Director

Date