

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 21 PM 12:58

DOCUMENT # P0000009380

1. Corporation Name

VETCO INTERNATIONAL, INC.

2. Principal Office Address

141 LONGVIEW AVE.

Suite, Apt. #, etc.

City & State

CELEBRATION, FL.

Zip

34747

Country

USA

3. Mailing Office Address

141 LONGVIEW AVE.

Suite, Apt. #, etc.

City & State

CELEBRATION, FL.

Zip

34747

Country

USA.

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/2000

5. FEI Number

593622279

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

900014854829
03/28/03--01009 025 **909.75
REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

DOSS, THOMAS E. III

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

500 E. ALTAMONTE DR.

Suite, Apt. #, Etc.

200.

City

ALTAMONTE SPRINGS

State
FL

Zip Code
32701

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

Date 03/21/2003

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/D	ALI SEGURA.	141 LONGVIEW AVE.	CELEBRATION, FL. 34747
D	BAHIA GOMEZ	141 LONGVIEW AVE.	CELEBRATION, FL. 34747

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 under section 119.07(3)(i), 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:

ALI SEGURA.

03/21/2003 407-566-0835.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

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