PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT UBR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 FEB -4 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000097879

1. Corporation Name
Earth Pets, Inc.

01/02 UBR

2. Principal Office Address	3. Mailing Office Address
500 NW 60th ST.	500 NW 60th ST.
Suite, Apt. #, etc. F	Suite, Apt. #, etc. F
City & State Gainesville FL	City & State Gainesville FL
Zip 32607 Country USA	Zip 32607 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/10/2000

5. FEI Number 59-3675872 ☐ 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: Joy Drawdy

Street Address (P.O. Box Number is Not Acceptable): 500 NW 60th ST.

Suite, Apt. #, Etc.: F

City: Gainesville State: FL Zip Code: 32607

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****300.00 ****300.00

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 _____ Date 2/1/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
Pres.	Joy Drawdy	500 NW 60th ST. F	Gainesville FL 32607
Vice Pres	Guy Webster	500 NW 60th ST. F	Gainesville FL 32607

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: Joy Drawdy 2/1/02 352-331-5123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #