

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P01000072676

1. Corporation Name

THE ANIMAL MARKET PET AND SUPPLY COMPANY

Principal Place of Business

8259 N. MILITARY TRAIL
 PALM BEACH GARDENS FL 33410

Mailing Address

8259 N. MILITARY TRAIL
 PALM BEACH GARDENS FL 33410

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

07/24/2001

5. FEI Number

65-1125600

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
P.T.	GRUBER, CARRIE	8259 N MILITARY TRAIL	PALM BEACH GARDENS FL 33410
S	COWEN, CAROLYN	11159 NANTUCKET BAY CT	WELLINGTON FL 33414
T	COWEN, CAROLYN	11159 NANTUCKET BAY CT	WELLINGTON FL 33414
S	Michael Gruber	8259 N. Military Tr	Palm Beach Gardens, FL 33410

REINSTATEMENT 03
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600023790266
 10/14/03--01058--009 **750.00

8. Name and Address of Current Registered Agent

CIKLIN, ALAN J
 BOOSE CASEY CIKLIN LUBITZ MARTENS ETAL.
 515 N. FLAGLER DR., 17TH FLOOR
 WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name: Carrie GRUBER
 Street Address (P.O. Box Number is Not Acceptable): 8259 North Military Trail
 Suite, Apt. #, Etc.: Suite #1
 City: Palm Beach Gardens FL Zip Code: 33410

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: *[Handwritten Signature]*

Date: Oct 23, 2003

REGISTERED AGENT MUST SIGN

11. 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: *[Handwritten Signature]* Carrie Gruber
 Date: Oct 10, 2003
 Daytime Phone #: 561-519-9257

FILED
 03 OCT 27 AM 9:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



CR2040 (7/03)