PLEASE READ FIRST

CORPORATION REINSTATEMENT

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

FILED
02 NOV 19 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02
800009355048
12/04/02--01082--004 **250.00

DOCUMENT # P01000087886

1. Corporation Name
BAY VILLAGE PET SYPPLY, INC.

2. Principal Office Address	3. Mailing Office Address
1876, 79 St., Causeway	1876, 79 St., Causeway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Bay Village Fl.	City & State: North Bay Village, Fl.
Zip: 33141 Country: USA	Zip: 33141 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/4/2001

5. FEI Number: 65-1132955 ☐ 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: COLOMINAS, ALAIN

800009355048
12/04/02--01082--005 **500.00

Street Address (P.O. Box Number is Not Acceptable): 6780 N.W. 192 STREET

Suite, Apt. #, Etc.

City: MIAMI State: FL Zip Code: 33141

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: Alain Colominas. Date: 11-15-2002

ALAIN COLOMINAS 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
PST/D	COLOMINAS, ALAIN	6708 N.W. 192 STREET	MIAMI, FL. 33141
V/D	LABORI, IVONNE	6708 N.W. 192 STREET	MIAMI, FL. 33141

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: Alain Colominas. 11/15/02 305-627-0368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ALAIN COLOMINAS, President

Charter Number Only

VALIDATION ONLY

Carlos R. Busquets
Requestor's Name
782 NW Lejune Rd
Address
Miami, Fl 33126
City State ZIP Phone

CORPORATION(S) NAME

BAY Village Pet Supply, Inc.

RECEIVED
02 NOV 19 AM 10:20
DIVISION OF CORPORATION

( ) Profit
( ) NonProfit ( ) Amendment ( ) Merger
( ) Foreign ( ) Dissolution ( ) Mark
( ) Limited Partnership ( ) Annual Report ( ) Other
(X) Reinstatement ( ) Reservation ( ) Change of Registered Agent
( ) Certified Copy ( ) Photo Copies ( ) Certificate Under Seal
( ) Call When Ready ( ) Call If Problem ( ) After 4:30
(X) Walk In ( ) Will Wait (X) Pick Up ( ) Mail Out

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier