PLEASÉ READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<u>~~ ```</u>		AD ALL INO I	RUC IIONS BEFORE	CONFLET	ING THIS FURIVI.	· ·	
	ORATION TATEMENT		DEPARTMENT OF STATE Secretary of State ISION OF CORPORATIONS		FILEI 04 JAN 12 PH		
DOCUN		10000	98255		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
	TURZ PETS CO	when	ny				
2 Principal O	Office Address 29 NE 33 C	3. Mailing 0	3. Mailing Office Address Z8052. OAKLOW TK BLUA		TATEMENT	03-A	1
Suite, Apt. #, e	Z03°	Suite, Apt. #	Suite, Apt. #, etc. 452		4. Date Incorporated or Qualified To Do Business in Florida OCT 200/		
City & State FORT	LAUDERONDE 1	City & State FORTL	City & State FOR HACLOWOODE, FL		65-114889		1
Zip 3330(Country USA	Zip 333	Country	6.	S8.7	5 Additional Fee require r a Certificate of Status	e C
		7. 1	Name and Address of Current Regis	tered Agent			
	Name WILLIAM GARCES Street Address (P.O. Box Number is Not Acceptable) 2805 Z. OAKLIND PARK BLVD 01/12/0401006008 **308.75 Suite, Apt. #, Etc.						
-	City FORT Love	scode		State Zip Code FL 33306	,		
8. I, being ap Signature of Registered Ag	Tollus		oration, am familiar with and accept the	e obligations of sect	ion 607.0505 or 617.0503, F.S. Date Jkn US	-04	CR2E081 (10/02)
9. Names ar	nd Street Addresses of Each Offic	er and/or Director (FI	orida nonprofit corporations must list a	t least 3 directors)			1
Titles	Name of Officers and/or Dir	Street Address of Each Officer and/or Director		City / State	e / Zip		
P	WILLIAM GARCES		2829 NE 33C+#263		Fort Losuocroale	FL 33306	
							4
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TIMES TO Day Day Imper Phohe #							
	SIGNATURE AND TYPED	OR PRINTED NAME OF	SIGNING OFFICER OR DIRECTOR	sismit	Date / Dayt	me Phone #	1

2012

Future Pets Company 1-800-683-4597

Florida Dept of State Secretary of State Divisions of Corporations Jan 8- 03

Tel: 954-568-7729

Fax: 954-252-4390

Re: Corporation Reinstatement Future Pets Company Doc Nø: P01000098255

Secretary of State:

Regarding the attached Corporation Reinstatement form dated Jan 08-2004 and Future Pets Co. check #446 for US\$308.75;

I,William Garcés acting as President of the Future Pets Company, request that you reinstate the Future Pets Company which has been placed into dissolution due to an oversight caused by an incorrect mailing address in your records and a lost payment and address change notification which was sent in April of this past year.

Future Pets Company never received any notice of non-payment nor of corporate dissolution and only found out about the corporation's status due to a search by a potential lender of the state's sunbiz.org web site.

Thank you for your prompt attention to this matter.

Respectfully yours,

William Garcés

President

Future Pets Company

2805 E. Oakland Park Blvd. #452

Fort Lauderdale, FL 33306

Email: futurepets@earthlink.net

Pg.: 1/1