

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1246

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY 14 AM 11:35

DOCUMENT # P02000016084

1. Corporation Name

COMPANION PET PRODUCTS, INC.

2. Principal Office Address - No P.O. Box #

2541 SW 87TH PLACE

Suite, Apt. #, etc.

City & State

OCALA, FL

ZIP

34476

Country

3. Mailing Office Address

PO BOX 1817

Suite, Apt. #, etc.

City & State

BELLEVUE, FL

ZIP

34421

Country

700129481327  
05/14/08--01021--025 \*\*450.00

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

02/12/2002

5. FEI Number

☒ 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

SHARON B. LYNN

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

2541 SW 87TH PLACE

Suite, Apt. #, Etc.

City

OCALA

State

FL

ZIP Code

34476

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Sharon B. Lynn*  
REGISTERED AGENT MUST SIGN

Date

5/10/2008

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
PD	JAMES J. LYNN	2541 SW 87TH PLACE	OCALA, FL 34476

B 5/20/08

REINSTATEMENT 06-08

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 contained in Chapter 119, 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

JAMES J. LYNN

Date

5/10/08

352-854-1714

Daytime Phone #