

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
CLERK OF COURT
DIVISION OF CORPORATIONS

04 JUN 28 AM 11:29

DOCUMENT # **P02000075485**

1. Corporation Name

Pet Smiles Corp.

REINSTATEMENT 03-04

2. Principal Office Address

1210 SW 78th AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

1210 SW 78th AVE

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33144

Country

USA

Zip

33144

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-11-2002

5. FEI Number

01-0739213

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

Luis Fernandez

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

1210 SW 78th AVE.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33144

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.

Date **6-25-04**

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

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

President

Luis Fernandez

1210 SW 78th AVE

Miami FL 33144

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-24-04 (305) 538-0868
Date Daytime Phone #

CR2091 (9/00)

6/25/04

Fl. Dept. of State

Annual Report Dept.

Ref # P02000075485

Per our conversation I'm sending \$300.00
for my 2003 and 2004 report, since I
never received my annual report notice form.
I thank you in advanced for your cooperation
in waving the late fee.

Sincerely



Luis Fernandez
President.