PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | Se Se | DEPARTMENT OF STATE Ecretary of State ON OF CORPORATIONS | | VISION OF | PM 4:56 | |
|---|---|--|---|--|---|--|
| DOCUMENT # P | 02000079 | 256 | | ~7 1C | rn 4: 56 | |
| The Pet C | Connection, In | c | | | | |
| 2. Princiĝal Office Address | 3. Mailing Offic | ce Address | | | | |
| 2440 State Rd S80 1702 W. Bay Dr 1 | | | DENING | TATEMENT | 03-04 | |
| Suite, Apt. #, etc. | Suite, Apt. #, et | | FIRMU | | | |
| Suite 12 | | | | norated or Qualified ness in Florida July 22 | 2,2002 | |
| City & State | City & State | Fland | 5. FEI Numbe | | Applied For | |
| Zip Country | Zip Zip | Country | <u> 22.38 </u> | | Not Applicable | |
| 33759 USA | 33770 | USA | | OF STATUS DESIRED S8.75 Ad for a C | ditional Fee required ertificate of Status | |
| | 7. Na: | me and Address of Current Regi | stered Agent | | | |
| Name Chord | 1 0 0 10:00 | _ | <u>. </u> | | | |
| | x Number is Not Acceptable) | 1 | 71 | 003900910 | 77 | |
| | enterprise ha | E#12 | 07/12 | | <u>*300</u> .00 | |
| Suite, Apt. #, Etc. | • | | | | | |
| City Clear wa | -lor | | | State Zip Code FL 33755 | | |
| 8. I, being appointed the registered ag | gent of the above named corpora | ation, am familiar with and accept the | ne obligations of section | on 607.0505 or 617.0503, F.S. | (01/04) | |
| Signature of Registered Agent | REGISTERED AGE | NT MUST SIGN | | Date 7-8-0 |) Y | |
| 9. Names and Street Addresses of Er | ach Officer and/or Director (Flori | da nonprofit corporations must list | at least 3 directors) | | | |
| | Nama af | | Street Address of Each Officer and/or Director | | City / State / Zip | |
| CEO Charles | DWARS . | 2787 Enderprise | RD E #12 | Clarwelpr, F1 | 1 33759 | |
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| owed by the corporation have been | reason for dissolution has been ϵ n paid and the names of individual | eliminated, the corporate name sati | sties the requirements for an exemption und | upter 607 or 617, F.S. I further certify of section 607.0401 or 617.0401, F er section 119.07(3)(i), F.S. The info | S., that all fees | |
| SIGNATURE: | ll to | | , | 7-8-09 72: | 7-791-8404 | |
| | TYPED OR PRINTED NAME OF SI | GNING OFFICER OR DIRECTOR | | Date Daytime P | | |

7-8-04

To Division of Corperations

We did not recieve any notices for the year 2003 and would like the late to be waived, thank you.

Charlie Owers Mfter CEO The Pet-Connection, Inc