

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 14 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000122220

1. Corporation Name

MIRAMAR PET CLUB, INC.
The

700163183737
1/30/09--01043--023 **908.75

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

13474 SW 27th St.

Suite, Apt. #, etc.

3. Mailing Office Address

14483 Miramar Pkwy

Suite, Apt. #, etc.

City & State

Miramar FL

City & State

Miramar FL

Zip

33027

Country

U.S.

Zip

33027

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/2002

5. FEI Number

51-0435192

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

Charliston Seixas

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

13474 SW 27th St.

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33027

☒ 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

REGISTERED AGENT MUST SIGN

Date *11/23/09*

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
<i>President</i>	<i>Charliston Seixas</i>	<i>13474 SW 27th St</i>	<i>Miramar / FL / 33027</i>
<i>Vice President</i>	<i>Shirley Seixas</i>	<i>13474 SW 27th St</i>	<i>Miramar / FL / 33027</i>

10. E-mail Address: *thepetclub@comcast.net*

(To be used for future annual report notification)

11. 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, I further certify, 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

11/23/09

Date

Daytime Phone #