

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **P02000122220**

1. Corporation Name

THE PET CLUB, INC.

03 OCT 24 PM 6:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2003



500024091475
10/24/03--01060--007 **158.75

Wop

Principal Place of Business

13474 SW 27TH STREET
MIRAMAR FL 33027

Mailing Address

13474 SW 27TH STREET
MIRAMAR FL 33027

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

51-0435192

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SEIXAS, CHARLISTON	13474 SW 27TH STREET	MIRAMAR FL 33027
D	SEIXAS, SHIRLEY A	13474 SW 27TH STREET	MIRAMAR FL 33027
D	SEIXAS, ZAIUS G	13474 SW 27TH STREET	MIRAMAR FL 33027

8. Name and Address of Current Registered Agent

SEIXAS, CHARLISTON
13474 SW 27TH STREET
MIRAMAR FL 33027

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/8/03

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/8/03

Daytime Phone #

282

THE PET CLUB, INC.


13474 SW. 27 ST
Miramar, FL 33027
Phone(954) 593-4645

October 13, 2003

TO: Florida Department of State

We would like to reinstate our corporation and we are enclosing the necessary fee for it. Also we would like to certify that we did not received the two prior uniform business report "UBR" notices.If you have any questions please do not hesitate in contacting us.

Sincerely,



CHARLSTON SEIXAS
(President/Registered agent)