

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 MAY 29 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000112379

1. Corporation Name

Lisa's Feed and Pet Depot, Inc

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

2905 Blanding Blvd.

Suite, Apt. #, etc.

City & State

Middleburg, FL

Zip

32068

Country

Clay

3. Mailing Office Address

2905 Blanding Blvd.

Suite, Apt. #, etc.

City & State

Middleburg, FL

Zip

32068

Country

Clay

200235681482

05/30/12--01009--015 **1208.75

CR28081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/2003

5. FEI Number

32-0095553

☐ 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

Scott Henderson

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

2905 Blanding Blvd

Suite, Apt. #, Etc.

City

Middleburg

State

FL

Zip Code

32068

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

Date

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
P	Henderson, Lisa	2905 Blanding Blvd.	Middleburg, FL 32068
V	Henderson, Scott	2905 Blanding Blvd.	Middleburg, FL 32068
S	Kuhn, Heather	4026 Mustang Road	Middleburg, FL 32068
REINSTATEMENT			MAY 29 2012 R. HUNT

10. E-mail Address: Lisasfeed@yahoo.com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #