

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 JUN 25 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 00400017332

1. Corporation Name

Plucky's Pets, Inc.

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

1150 Malabar Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

1150 Malabar Road

Suite, Apt. #, etc.

City & State

Palm Bay, FL

Zip

32909

Country

USA

City & State

Palm Bay, FL

Zip

32909

Country

USA

**REINSTATEMENT 07-08**

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

1/19/04

5. FEI Number

59-3639943

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

Joe Napolitan

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

c/o Hill Accounting + Tax Service

Suite, Apt. #, Etc.

314 Laurie Street

City

Melbourne

State

FL

Zip Code

32935

☒ 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

*Joe S. Napolitan*

REGISTERED AGENT MUST SIGN

Date 06-20-08

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	Stephania Dabbs	4140 LAKEMONT Rd.	MELBOURNE, FL 32934
VP	Louie Smith	4140 LAKEMONT Rd	MELBOURNE, FL 32934
			500131832765 06/25/08--01038--004 **300.00

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 contained in Chapter 119, 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: *Louie M. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

6/20/08

Date

321-727-6711

Daytime Phone #