

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 14 PM 1:15

DOCUMENT # P04000024869

1. Corporation Name **PREMIUM PETS USA, INC.**

2. Principal Office Address
1460 GEMINI BLVD.

Suite, Apt. #, etc.

11

City & State
ORLANDO, FL

Zip **32837** Country **USA.**

3. Mailing Office Address
1460 GEMINI BLVD.

Suite, Apt. #, etc.

11

City & State
ORLANDO, FL

Zip **32837** Country **USA.**

REINSTATEMENT

05

CR2E081 (8/05)

02-22-05 90030 015 150.00

4. Date Incorporated or Qualified
To Do Business in Florida

01/30/2004

5. FEI Number

20-0723727

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 **JAIRO GARCIA**

Street Address (P.O. Box Number is Not Acceptable)
1460 GEMINI BLVD.

Suite, Apt. #, Etc.

11

City
ORLANDO

State
FL

Zip Code
32837

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **NOV 3/05**

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
D	PREMIUM LIMITADA	5454 HOFFNER AVE #104	ORLANDO, FL; 32812
D	JAIRO GARCIA	5454 HOFFNER AVE #104	ORLANDO, FL; 32812
D	ARACELLY ATOY	5454 HOFFNER AVE #104	ORLANDO, FL; 32812

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 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]
Director

Date

NOV 3/05

Daytime Phone #

407 8585351

11/16/05

2/2

**PREMIUM PETS USA, INC
1460 GEMINI BLVD, SUITE 11
ORLANDO, FL, 32837
OFFICE: (321)689-0029**

November 02, 2005

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION
P. O. BOX 6327
TALLAHASSEE, FL, 32314**

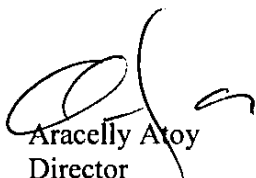
ATT: Annual Reports Section.

Dear Reader:

The purpose of this letter is to explain you we paid for Annual Report 2005 for \$150.00 on February 17, 2005 with check from Bank of America No. 1105. Attach Copy of Check. Our Fein Number is: 20-0723727, this information is to complete annual report 2005.

We are sending the complete form Annual report 2005 with the person authorized to sign. If you have any question concerning this matter do not hesitate to contact me.

Sincerely,


Aracelly Atoy
Director