

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 OCT 24 PM 1:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO4 000073115

1. Corporation Name

Net Sitting Unlimited, Inc.

2. Principal Office Address

9151 Pershore Pl.

Suite, Apt. #, etc.

3. Mailing Office Address

9151 Pershore Pl.

Suite, Apt. #, etc.

City & State

Tammarac FL

City & State

Florida, Tammarac

Zip

33321

Country

U.S.

Zip

33321

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

5/15/2003

5. FEI Number

20-10810675

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

Monique Martin

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

9151 Pershore Place

Suite, Apt. #, Etc.

City

Tammarac

State

FL

Zip Code

33321

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

Monique Martin  
REGISTERED AGENT MUST SIGN

Date 10/16/2006

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	Monique Martin	9151 Pershore Pl. Tammarac, FL 33321	→
VP	Robert Heider	9151 Pershore Pl. Tammarac, FL 33321	→

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:

Monique Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/2006

Date

Daytime Phone #

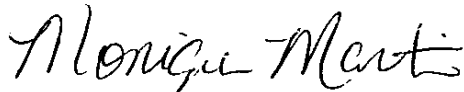
(CSA)  
735-  
1215

Pet Sitting Unlimited, Inc.  
Monique Martin (Pres.)  
9151 Pershore Place  
Tamarac, Fl. 33321

To Whom It May Concern:

I recently received a notice of dissolution/ revocation for my profit organization. I moved into a new home in March and due to the neighborhood being new and unfinished the post office was unable to put in our mailboxes until 10/03/2006. In order for us to get our mail we had to go to the post office and pick our mail out of a box that had our entire streets mail in it. I had a lot of problems with this because I wasn't getting a lot of my mail including bills that were very important. I am not sure if this is the reason that I never received a notice to register my company for the 2006 year, yet I am asking if we can remove the reinstatement fee that has been applied to our account with the state of Florida. I would greatly appreciate your compassion. If you at all need anything please feel free to contact my office at anytime.

Thank you in advance,

A handwritten signature in cursive script that reads "Monique Martin".

Monique Martin  
President  
Pet Sitting Unlimited, Inc.