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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
2007 DEC -7 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 805000019625

1. Corporation Name

Pawsitively Adorable, Inc.

2. Principal Office Address - No P.O. Box # 1426 S. Kingsway Road		3. Mailing Office Address 1426 S. Kingsway Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Seffner, FL		City & State Seffner, FL	
Zip 33584	Country United States	Zip 33584	Country United States

REINSTATEMENT
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida 02/07/05

5. FEI Number 20-2342148 ☐ 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
Lisa L. Stetson

Street Address (P.O. Box Number is Not Acceptable)
1426 S. Kingsway Road

Suite, Apt. #, Etc.

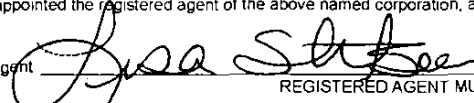
City
Seffner

State
FL

Zip Code
33584

☒ 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.

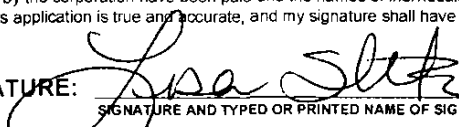
Signature of Registered Agent  **REGISTERED AGENT MUST SIGN** Date **12/4/07**

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,D	Lisa L. Stetson	1426 S Kingsway Road	Seffner, FL 33584

300112937323
12/07/07--01034--005 **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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date **12/4/07** Daytime Phone #

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**Pawsitively Adorable, Inc.
1426 S. Kingsway Road
Seffner, FL 33584**

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

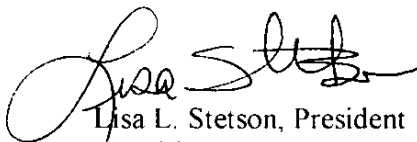
Ladies and Gentlemen:

I enclose the documents for Pawsitively Adorable, Inc. I have been, since inception, the President, Director and sole funding source for the Corporation. The original address filed with the Division of Corporations has changed and we did not receive any of the notices.

Per the Instructions for the Reinstatement Application, the reinstatement fee may be waived if the corporation did not receive the annual report notices in the year of dissolution. As detailed above, I believe I qualify for this waiver, and respectfully request that the \$600 reinstatement fee be waived. Accordingly, I enclose the Corporation's check for \$300 together with the Application for Corporate Reinstatement.

Thank you in advance for your cooperation in this matter.

Very truly yours,



Lisa L. Stetson, President
Pawsitively Adorable, Inc.