

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2007
CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 AUG 13 AM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (1/07)

DOCUMENT # P05000051870

1. Corporation Name
Pet Pourrie of Boca Raton, Inc.

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

4800 NW 2nd Ave.

3. Mailing Office Address

4800 NW 2nd Ave.

Suite, Apt. #, etc.

Ste. #7

Suite, Apt. #, etc.

Ste. #7

City & State

Boca Raton, Fl

City & State

Boca Raton, Fl

Zip

33431

Country

US

Zip

33431

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/2005

5. FEI Number

20-2640151

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

David Grittner

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

4800 NW 2nd Ave., Ste. #7

Suite, Apt. #, Etc.

Ste. #7

City

Boca Raton

State

FL

Zip Code

33431

☒ 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

David Grittner

REGISTERED AGENT MUST SIGN

Date *7/26/07*

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	Mark Grittner	4800 NW 2nd Ave., Ste. 7	Boca Raton, Fl 33431
VPD	David Grittner	4800 NW 2nd Ave., Ste. 7	Boca Raton, Fl 33431
MGRM	Viviane Grittner	4800 NW 2nd Ave., Ste. 7	Boca Raton, Fl 33431

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

8-10-07 561-241-5648

Daytime Phone #

8/15/07