

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 DEC -5 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12032008 REIN-P CR2E098 (1/07)

<b>DOCUMENT # P07000064014</b> 1. Entity Name <b>EVA &amp; MICHAEL ANIMALS, INC.</b>					
Principal Place of Business <b>11414 NE 9TH AVE BISCAYNE PARK, FL 33161</b>			Mailing Address <b>11414 NE 9TH AVE BISCAYNE PARK, FL 33161</b>		
2. Principal Place of Business - No P.O. Box # <b>1030 NE 120th Street</b>		3. Mailing Address <b>1030 NE 120th Street</b>			
Suite, Apt. #, etc. <b>\$</b>		Suite, Apt. #, etc.			
City & State <b>Biscayne Park</b>		City & State <b>Biscayne Park</b>		4. FEI Number <b>26-0281897</b>	
Zip <b>33161</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>			7. Name and Address of New Registered Agent Name <b>Caroline Dowling (owner)</b> Street Address (P.O. Box Number is Not Acceptable) <b>1030 NE 120th Street</b> City <b>Biscayne Park</b> <b>FL</b> Zip Code <b>33161</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Caroline Dowling</i></u> <b>12/31/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2009, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input type="checkbox"/> Delete <b>DOWLING, CAROLINE E</b> <b>11414 NE 9TH AVE</b> <b>BISCAYNE PARK, FL 33161</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>800138509978</b> <b>12/05/08--01020--003 **150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input checked="" type="checkbox"/> Delete <b>BARRERA, MIGUEL A</b> <b>11414 NE 9TH AVE</b> <b>BISCAYNE PARK, FL 33161</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u><i>Caroline Dowling</i></u> <b>12/31/08</b> <b>(305) 899-7041</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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