

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000093123

FILED
Oct 31, 2008
Secretary of State

Entity Name: MURPHYS PREMIUM PET FOOD MARKET INC.

Current Principal Place of Business:

158 TUSKAWILLA RD
WINTER SPRINGS, FL 32708

New Principal Place of Business:

158 TUSKAWILLA RD
#1316
WINTER SPRINGS, FL 32708

Current Mailing Address:

905 CYPRESS WOODS CT
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 26-0721615 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SANNELLA, KIMBERLY K
905 CYPRESS WOODS CT
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

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.

SIGNATURE: JILLIAN ELYSE STEWART

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANNELLA, KIMBERLY K
Address: 905 CYPRESS WOODS CT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP () Delete
Name: STEWART, JOHN P
Address: 941 WATERBURY LANE
City-St-Zip: LONGWOOD, FL 32750

Title: S () Delete
Name: SANNELLA, KIMBERLY K
Address: 905 CYPRESS WOODS CT
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY K SANNELLA

P

10/31/2008

Electronic Signature of Signing Officer or Director

Date