


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
~~REINSTATEMENT~~
2009 AR

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08000071536

1. Corporation Name

April's Pet Grooming, Inc.

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

2132 Mariner Blvd

Suite, Apt. #, etc.

City & State

Spring, Hill

Zip

Country

34609

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/30/08

5. FEI Number

592998702

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

Santo Merillo

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

2025 Westbitt Ave

Suite, Apt. #, Etc.

City

Spring Hill

State

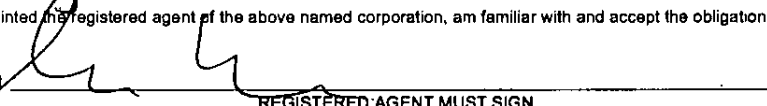
FL

Zip Code

34609

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

6-16-09

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	Myra Merillo	2025 Westbitt Ave	Spring Hill, FL 34609
V	Santo Merillo	2025 Westbitt Ave	Spring Hill, FL 34609
S	Jennifer Campagna	6477 Fairbairn St	Spring Hill, FL 34609

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:

 Santo Merillo

Date

6-16-09 352-636-6794

Daytime Phone #

FILED

09 JUN 19 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400157481514
06/19/09--01054--007 **150.00

CR2E081 (12/08)

6/29/09