PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2024 MAR 14 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E061 (11/19)

DOCUMENT # P21000007103

1. Corporation Name

Vet Riders Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1706 University Lane	7901 4th St N
Suite, Apt. #, etc.: 604	Suite, Apt. #, etc.: # 19621
City & State	City & State: St. Petersburg, FL
Zip: 32922 Country: USA	Zip: 33702 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1/14/2021

5. FEI Number: 86-3550410 ☐ 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: Registered Agents Inc

Street Address (P.O. Box Number is Not Acceptable): 7901 4th St. N.

Suite, Apt. #, Etc.: STE 300

City: St. Petersburg State: FL Zip Code: 33702

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 Roberts Date: 02/27/2024

REGISTERED AGENT MUST SIGN

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
VP	Ashliegh R. Robinson	1706 University Ln #604	Cocoa / FL / 32922
VP	Wesley A. Robinson	1706 University Ln #604	Cocoa / FL / 32922
M/T	David Roberts	7901 4th St. N.	St. Petersburg / FL / 33702

RECEIVED
MAR 12 2024
BY: A. Parishan

10. **E-mail Address:** vetriders@icloud.com

(To be used for future annual report notification)

11. 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. and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: Jeremy Clark FEB 24, 2024 T. WILSON MAR 14 2024

SIGNATURE AND TITLE OF CHAIRMAN, PRESIDENT OR OTHER AUTHORIZED OFFICER — Date — Typed or Printed Name