

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P 5 182

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

01 AUG 24 AM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P39288*

1. Corporation Name
Central Garden & Pet Company, a Delaware corporation

900004562509--3
-08/29/01--01086--006
****300.00 ****300.00

2. Principal Office Address 3697 Mt. Diablo Blvd. Suite, Apt. #, etc. Suite 310 City & State Lafayette, CA Zip 94549		Country USA		3. Mailing Office Address 3697 Mt. Diablo Blvd. Suite, Apt. #, etc. Suite 310 City & State Lafayette, CA Zip 94549		Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida June 17, 1992	
5. FEI Number 68-0275553	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name CT Corporation <i>System</i>	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	
Suite, Apt. #, Etc.	
City Plantation	State FL
	Zip Code 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent *Conni Bryan* *Conni Bryan, Special Asst. Secy* Date *8-23-01*
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
	PLEASE SEE ATTACHMENT		
	<i>201.25-AK</i>		
	<i>10.00-ARRT</i>		
	<i>88.75-ARRUP</i>		

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 under section 119.07(3)(g), 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: *Glenn W. Novotny* *Glenn W. Novotny* Date *8-16-01* Daytime Phone # *925-283-4635*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E301 (8/00)

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ATTACHMENT TO CORPORATION REINSTATEMENT

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
D, C & CEO	William E. Brown	3697 Mt. Diablo Blvd., Suite 310	Lafayette, CA 94549
D, P & COO	Glenn W. Novotny	3697 Mt. Diablo Blvd., Suite 310	Lafayette, CA 94549
D, VP, CFO & S	Lee D. Hines, Jr.	3697 Mt. Diablo Blvd., Suite 310	Lafayette, CA 94549
D	Daniel P. Hogan, Jr.	3697 Mt. Diablo Blvd., Suite 310	Lafayette, CA 94549
D	Brooks M. Pennington III	3697 Mt. Diablo Blvd., Suite 310	Lafayette, CA 94549
D	Bruce A Westphal	3697 Mt. Diablo Blvd., Suite 310	Lafayette, CA 94549
D	Jack Balousek	3697 Mt. Diablo Blvd., Suite 310	Lafayette, CA 94549
VP & AS	Robert B. Jones	3697 Mt. Diablo Blvd., Suite 310	Lafayette, CA 94549
T & AS	P. Gregory Reams	3697 Mt. Diablo Blvd., Suite 310	Lafayette, CA 94549

CT CORPORATION SYSTEM

CORPORATION(S) NAME

Central Garden & Pet Company

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input checked="" type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input checked="" type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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Name 8/23/01 Order#: 4745218

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Updater _____

Verifier _____

W.P. Verifier _____ Amount: \$ _____

MS

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