

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DO NOT WRITE IN THIS SPACE

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
~~Jim Smith~~
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

03 APR -4 PM 4:40

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # P93000070317**

FLEA DOCTOR, INC.
 423 Coconut Isle
 Ft. Lauderdale, Fl. 33301

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address
REINSTATEMENT 9703
 City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address
 City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida
10/11/1993

5. FEI Number
650443607

FEI Number Applied For
 FEI Number Not Applicable

6. **\$8.75 Additional Fee required for a Certificate of Status**
 CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPS	Richard Ticktin	423 Coconut Isle	Ft. Lauderdale, Fl. 33301

600016220126
 04/17/03--01075--024 **1650.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Jan P. Oliver
 2450 Hollywood Blvd.
 Suite 401
 Hollywood, Florida 33020

9. If changed, new registered agent / office Name

Steven A. Weinberg, Esq.
 Street Address (Do NOT Use P.O. Box Number)
Frank, Weinberg & Black, P.L.

Street Address (Do NOT Use P.O. Box Number)
7805 S.W. 6th Court

City State Zip
Plantation FL 33324

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **Steven A. Weinberg**
 REGISTERED AGENT MUST SIGN

Date **4/3/03**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes? Yes No (See other side for information on intangible tax.)

13. 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. 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 of Officer or Director **Richard Ticktin** Date **4/3/03** Daytime Phone # **154-625-1133**

Richard Ticktin, President

CR12E040 (8/92)