

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page left*

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 NOV 14 PM 2:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000028472**

1. Corporation Name

PET LIMO, INC.

Principal Place of Business	Mailing Address
1271 SW 124 CT. SUITE E-2 MIAMI FL 33184	1271 SW 124 CT. SUITE E-2 MIAMI FL 33184



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
	13076 SW 56 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	# 105
City & State	City & State
	MIAMI
Zip	Country
	33176 DADE

4. Date Incorporated or Qualified To Do Business in Florida	04/14/1994
5. FEI Number	65-0481585
	Applied For
	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

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	4 City / State / Zip
P	DEL TORRO, GUILLERMO	9854 SOUTHWEST 8 STREET, UNIT 10	MIAMI FL 33174
S	CECILIA DEL TORO	9854 SW 8TH STREET #102	MIAMI FL

REINSTATEMENT *03-18*

8. Name and Address of Current Registered Agent

GUILLERMO DEL TORO
9854 SW 8TH STREET #102
MIAMI FL 33174

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

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. or 617.0505, F.S.

Signature of Registered Agent _____ Date _____
 REGISTERED AGENT MUST SIGN

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., 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)(i), 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: *[Signature]* **CECILIA DEL TORO, VP** *(305)*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **10/20/03** Daytime Phone # **559-7304**

CR2E040 (7/03)

Pet Limo, Inc.
1271 SW 124th Court Unite #E
Miami, Fl. 33184

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COPY

July 8, 2003

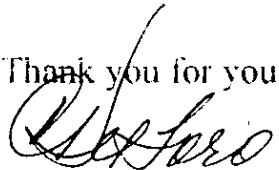
Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, Fl. 32302-1500

Ref: Document # P94000028472

Attached please find a check for the sum of \$150.00 US dollars. I was informed to attach this letter explaining that we never received our first notice of payment, you show our unit number incorrect, the correct unit number is simply the letter E. Therefore we were informed that the late fee would be waived.

Should you have any further questions; please contact me at (305) 559-7304.

Thank you for your prompt attention to this matter.


C. Del Toro
Controller