

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

18 MAR -2 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000075441

1. Corporation Name

Regency Pet, Inc.

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

1551 W. Copans Road

Suite, Apt. #, etc.

Suite 105

City & State

Pompano Beach, FL

Zip
33064

Country
USA

3. Mailing Office Address

60 Rodeo Drive

Suite, Apt. #, etc.

City & State

Brentwood, NY

Zip
11717

Country
USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/1995

5. FET Number

65-0610504

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

CT Corporation System

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 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

James M. Halpin

James M. Halpin - Assistant Secretary

Date

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
Dir	Todd Shelton, Pres & CEO	3747 Hocktown Road	Easton, PA 18045
Dir	Frederick Schober	Same	Same

10. E-mail Address: jason.vaude3@phillipspet.com

(To be used for future annual report - official - on)

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:

Todd Shelton

Todd Shelton

3/1/2018

SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

THW 2/27/18

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 3/2/18

Acc#I20160000072



Name:	Regency Pet, Inc.
Document #:	
Order #:	10863264

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing:	<u>Certified</u>
	Plain:
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 1208.75

Thank you!

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2018 MAR -2 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA