

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000011277

1. Corporation Name

D. & H. PET FARMS, INC.

FILED

03 JAN 15 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3103 S SAPP ROAD  
PLANT CITY FL 33567

Mailing Address

3103 S SAPP ROAD  
PLANT CITY FL 33567

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/04/1997

5. FEI Number

59-3427649

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>P</del>	<del>VORDERBURG, CHRISTOPHER A.</del>	<del>1202 PINEDALE DRIVE</del>	<del>PLANT CITY FL 33567</del>
P	TIPPIE, SUSIN A.	3201 S. SAPP RD.	PLANT CITY, FL. 33566
			100010126231 01/15/03 01042 004 **758.75

8. Name and Address of Current Registered Agent

VORDERBURG, CHRISTOPHER A.  
1202 PINEDALE DRIVE  
PLANT CITY FL 33567

9. Name and Address of New Registered Agent

Name

SUSIN APRIL TIPPIE

Street Address (P.O. Box Number is Not Acceptable)

3201 S. SAPP RD.

Suite, Apt. #, Etc.

City

PLANT CITY

State

FL

Zip Code

33566

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

Jan 9, 03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-752-0257

Jan 9, 03

CR2E040 (8/02)