

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 22 AM 7:45

DOCUMENT # P97000082044

1. Corporation Name

PET-MAR DEVELOPMENT, INC.

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

2655 LE JEUNE ROAD

Suite, Apt. #, etc.

SUITE 1101

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

3. Mailing Office Address

2655 LE JEUNE ROAD

Suite, Apt. #, etc.

SUITE 1101

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

100125047411
04/22/08--01025--027 **1200.00

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
650790838

☐ 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

GREGORY T. MARTINI

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

2655 LE JEUNE ROAD

Suite, Apt. #, Etc.

SUITE 1101

City

CORAL GABLES

State

FL

Zip Code

33134

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 4/16/08

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
DPT	GREGORY T. MARTINI	2655 LE JEUNE RD., STE 1101	CORAL GABLES, FL 33134
DVS	JOSEPH A. PETTINELLA	1136 ROUTE 9, STE. U-1	WAPPINGERS FALLS, NY 12590
			B. 4/23/08
		RECEIVED 05-08	

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 contained in Chapter 119, 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:

GREGORY T. MARTINI, PRES.

Date

4/16/08

305-448-3900

Daytime Phone #