

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 JUL 20 7:54

DOCUMENT # P97000094179

1. Corporation Name

PET PROJECTS, INC.

2. Principal Office Address

11357 W Biscayne Canal Rd.

3. Mailing Office Address

11357 W Biscayne Canal Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33161

Country

USA

Zip

33161

Country

USA

REINSTATEMENT

CR2E081 (12/05)

03-06

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/1997

5. FEI Number

650914166

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

Douglas J. Cox

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

11357 W Biscayne Canal Road

Suite, Apt. #, Etc.

City

Miami,

State

FL

Zip Code

33161

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

Douglas J. Cox

REGISTERED AGENT MUST SIGN

Date July 25th, 2006

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 |
|--------|--------------------------------------|---|---|
| D | Douglas J. Cox | 11357 W Biscayne Canal Rd | Miami, Florida 33161 |
| D | Thomas Merritt | 2027 Thomas Street | Hollywood, Florida 33020 |
| | | | 600078379036 08/04/06--01040--029 **600.00 |
| | | | |
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| | | | |

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:

Douglas J. Cox

Douglas J. Cox

07/25/06

(305)450-6062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell AUG 2 2006

20f2

July 25th, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

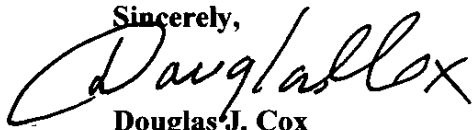
Re: Pet Projects, Inc.
Document # P97000094179
Corporation Reinstatement

Dear Sir or Madam:

We hereby request that the reinstatement fee for the above referenced corporation be waived since we did not receive the annual report notices in the year of dissolution / revocation.

Attached please find Check # 1117 in the amount of \$ 600.00 to reinstate Pet Projects, Inc.

Sincerely,



Douglas J. Cox
Director

Enc.: Check