


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 NOV -4 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000038923

1. Corporation Name  
ETVET Inc.

2. Principal Office Address  
P.O. Box 2641  
Suite, Apt. #, etc.

3. Mailing Office Address  
Suite, Apt. #, etc.

City & State  
Dunedin, FL

City & State

Zip Country  
34697 Pinellas

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
59-3512158

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 04

7. Name and Address of Current Registered Agent

Name  
Roy Turner

Street Address (P.O. Box Number is Not Acceptable)  
2126 Harbor View Dr

Suite, Apt. #, Etc.

City State Zip Code  
Dunedin FL 34698

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 *[Signature]* Date 9/1/04  
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Roy Turner	2126 Harbor View	Dunedin FL 34698

400042474214  
11/04/04--01034--013 \*\*150.00

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 under section 119.07(3)(b), P.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]* Date 10/1/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
727-656-1832  
Daytime Phone #

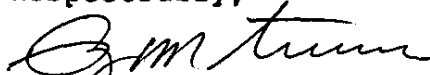
CP2591 (01/04)

To Whom it May Concern:

I have been instructed to attach this letter to the copy of my UBR form to waive the penalty, due to the fact that I have not received any information or notices prior to May 1st. Please send future correspondence to,

P.O. Box 2641  
Dunedin, Fl. 34697

Respectfully,



Roy Turner  
President