

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000000062

1. Entity Name
ANIMAL SPECIALTY FEEDS, INC.



Principal Place of Business
6331 US HWY. 301 S.
RIVERVIEW, FL 33569

Mailing Address
6331 US HWY. 301 S.
RIVERVIEW, FL 33569

FILED
06 FEB 15 PM 4:37
SECRETARY OF STATE
REINSTATEMENT 02/15/06



01032006 REIN-P CR2E098 (11/05)

2. Principal Place of Business

6331 US HWY 301 S

3. Mailing Address

6331 US HWY 301 S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

RIVERVIEW, FLORIDA

City & State

RIVERVIEW, FL

4. FEI Number

59-3550583

Applied For

Not Applicable

Zip

33569

Country

HILLSBORO

Zip

33569

Country

HILLSBORO

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

MICHAEL HAYES

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

PENTAGON, HILLSBORO, PA.

217 WILMA PINECREST ROAD

City

SHANDON

FL

Zip Code
33511

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *John M. Mayhall*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/9/2006

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MAYHALL, JOANN
6807 POTTS RD.
RIVERVIEW, FL 33569 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700066133387
02/17/06--01030--013 **908.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John M. Mayhall*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/2006

Date

Daytime Phone #