

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P99000011466

00 OCT 26 PM 3:54

1. Corporation Name

FLORIDA PET CARE, INC.

Principal Place of Business

Mailing Address

510 S. HIGHLAND AVE.
CLEARWATER FL 33756

510 S. HIGHLAND AVE.
CLEARWATER FL 33756



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

4. Date Incorporated or Qualified To Do Business in Florida

02/05/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

593613461

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED I

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
D	ADAMS, MICHAEL P	ST. PETE BEACH ADAMS ANIMAL HOSPITAL 510 S. Highland ave. Clearwater FL 33756	ST. PETERSBURG BEACH FL 33706 510 S. Highland ave. Clearwater FL 33756 400003458664--9 -11/09/00--01115--003 ****150.00 ****150.00 AM7

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ADAMS, MICHAEL P

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of Registered Agent

[Signature]

Date

REGISTERED AGENT MUST SIGN

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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/00

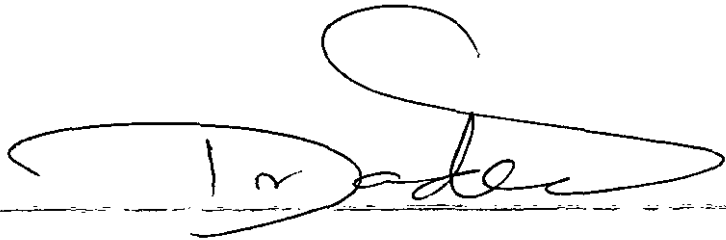
October 13, 2000

Attn: Stacy Prather

Dear Ms. Prather,

Per our recent telephone conversation, you will find enclosed the completed incorporation document. Due to problems with the post office, the notices were never delivered! They were instead returned to your office. Please contact me with any questions.

Thank you,



(727) 447 4949

attention 