

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
FILED

06 JAN 19 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000065821000
02/14/06--01024--001 **1208.75

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000082005

1. Corporation Name

Pet Life Plus, Inc

2. Principal Office Address

855 N. NOB Hill Rd

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33324

Country

USA

3. Mailing Office Address

855 N. NOB Hill Rd.

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33324

Country

USA

REINSTATEMENT

03-06

4. Date Incorporated or Qualified
To Do Business in Florida

9/10/99

5. FEI Number

651021210

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

Birzon, Peter

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

855 N NOB Hill Rd

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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]

REGISTERED AGENT MUST SIGN

Date 1/13/06

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
P	Peter Birzon	855 N. NOB Hill Rd	Plantation, FL 33324

K. Eckel JAN 23 2006

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/06

Date

954)382-0066

Daytime Phone #