

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 23 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000094144

1. Corporation Name

PET HEALTH INSURANCE PROVIDERS, INC.

2. Principal Office Address

POST OFFICE BOX 970

Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH, FL

Zip

32004

Country

USA

3. Mailing Office Address

POST OFFICE BOX 970

Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH, FL

Zip

32204

Country

USA

REINSTATEMENT 07

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/25/99

5. FEI Number

59-3613460

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

JAMES LOU PETTIGREW

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

2118 SOFTWINDS TRAIL

800024056708

10/23/03--01084--021 **150.00

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32224

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

REGISTERED AGENT MUST SIGN

Date

10-20-03

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
DPST	JAMES LOU PETTIGREW	POST OFFICE BOX 970	PONTE VEDRA BEACH, FL 32004

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)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES LOU PETTIGREW

Date

10-20-03/904-234-603

Daytime Phone #

CR2E081 (10/02)

7/10/28



✓ Income Tax Service
✓ Financial & Insurance Services
✓ Accounting & Bookkeeping Services

320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604
www.triplechecktax.com

October 21, 2003

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: CORPORATE REINSTATEMENT
Document #P99000094144; Pet Health Insurance Providers, Inc.

Dear Sir/Madam,

Please see the enclosed Reinstatement form for our client listed above. We are requesting that you accept the application and payment of \$150.00, for the year 2003.

Mr. Pettigrew, President of the above Corporation, did not receive his report for the referenced period. Upon our annual review of his account along with your web site, it was determined that he had not filed the Uniform Business Report for the current year. He has always filed his government paperwork timely and is very conscientious regarding payment for all yearly fees and taxes.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

A handwritten signature in cursive script that reads 'Heather Copeland'.

Heather Copeland

Enclosures: Corporate Reinstatement
Check: #1730