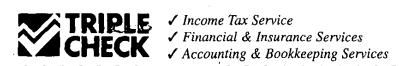
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	امباعا ا م <del>نسخ زمری مصور محمد</del> ین	YOU NEAD!	'FF 11401	NOCTIONS BELOW	C CONT. EC.1	THE PROPERTY.		
ľ	RPORATION STATEMENT		8	DEPARTMENT OF STAT Secretary of State SION OF CORPORATIONS	E	03 OCT 23 AM I SECRETARY OF STALLAHASSEE FL	STATE	
DOCUMENT # P99000094144  1. Corporation Name PET HEALTH INSURANCE PROVIDERS, INC.						MEIGH		
2. Principal Office Address 3. Mailing				ffice Address	—	am n camh a catha	<b>2</b>	
POST OFFICE BOX 970			POST OFFICE BOX 970		REINS	REINSTATEMENT 0>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		<u> </u>	4. Date Incorporated or Qualified		
City & State	<del></del>		City & State			To Do Business in Florida 10/25/99		
PONTE VEDRA BEACH, FL			PONTE VEDRA BEACH, FL			5. FEI Number Applied For		
Zip Country		Zip Country		6.	59-3613460 Not Applic			
32004	USA	Α	32204	USA	CERTIFICATI		Certificate of Status	
	7. Name and Address of Current Registered Agent Name							
	I JAMES LOU PETTIGREW							
	Street Address (P.O. Box Number is Not Acceptable) 2118 SOFTWINDS TRAIL 10/23/03-01084-021 **150.00							
	Suite, Apt. #, Etc.							
ļ	City JACKSONVILLE					State Zip Code FL 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 Date 10-20-03  REGISTERED AGENT MUST SIGN								
9. Names and Street Address&s of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles Name of Street Address of Each City / State / Zip								
- Indes	Officers and/or Directors			Officer and/or Director		City / State /	Zip	
DPST	JAMES LOU PETTIGREW POS			POST OFFICE BOX 970		PONTE.VEDRA BEACH, FL 32004		
							-	
						<del></del>		
						<u></u>		
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 reinstalement 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:  10. 20. 05/904-234-603								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE POR DIRECTOR Date Daytime Phone #								

D 10/28



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.

Heather Copeland

Enclosures: Corporate Reinstatement

Check: #1730