PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 96-97 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

97 JUN 30 AM 10:41

SECRETARY OF STATE

Read Instructions on Other Side Before Making Entries
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # S16668

Perfect Pet Companions, Inc.
2420 E. Tamarind Avenue
West Palm Beach, FL 33407

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State | Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State | Zip Code

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number	FEI Number Applied For	6. $8.75 Additional Fee required for a Certificate of Status
12/3/90	65-0234997	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VP	Ted Hoppe	2420 E. Tamarind Avenue	West Palm Beach, FL 33407
P	Dawn Hoppe	2420 E. Tamarind Avenue	West Palm Beach, FL 33407

REINSTATEMENT 96-97

200002228952--2
-07/02/97--01053--001
****500.00 ****500.00
6/30/97

200002228952--2
-07/02/97--01053--002
****415.00 ****415.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

DAWN A. DARON
13596 6th Court North
Loxahatchee, FL 33470

9. If changed, new registered agent / office

Name: Ted Hoppe

200002228952--2
-07/02/97--01053--003
******8.75 ******8.75

Street Address (Do NOT Use P.O. Box Number): 2420 E. Tamarind Ave.

Street Address (Do NOT Use P.O. Box Number): West Palm Beach, FL 33407

City	State	Zip
West Palm Beach,	FL.	33407

CR2E040 (3/92)

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: 6-27-97

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: [signature] Date: 6-27-97 Daytime Phone #: 561 833-5057

Typed or printed name of signing officer or director: TED R. HOPPE