

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 27 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V39323

1. Corporation Name

Teachers Pet... and More

2. Principal Office Address - No P.O. Box #

854 SW Federal Highway

Suite, Apt. #, etc.

City & State

STUART

Zip

34994

Country

USA

3. Mailing Office Address

854 SW Federal Highway

Suite, Apt. #, etc.

City & State

STUART

Zip

34994

Country

USA

000147716870
03/27/09--01003--017 **750.00

REINSTATEMENT

05-09

4. Date Incorporated or Qualified
To Do Business in Florida

OCT. 1992

5. FEI Number
65-0336458

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

Henry S. Walter

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

1002 Ibis Avenue

Suite, Apt. #, Etc.

City

Fort Pierce

State

FL

Zip Code

34982

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Henry S. Walter
REGISTERED AGENT MUST SIGN

Date March 24th 2009

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
Pres.	Lorraine Walter	1002 Ibis Avenue	Fort Pierce, FL 34982
Sec.	Henry S. Walter	1002 Ibis Avenue	Fort Pierce, FL 34982
	<i>07360</i>		

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:

Lorraine M. Walter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-09

Date

772-466-3633

Daytime Phone #