

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V66357

1. Corporation Name

JEZI Pet Care Inc.

2. Principal Office Address
12482 s.w. 8 st

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33184

Country
USA

3. Mailing Office Address
12482 s.w. 8 st

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33184

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 09/22/1992

5. FEI Number 65-0367406

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 Apaza, Gisela

Street Address (P.O. Box Number is Not Acceptable) 12482 s.w. 8 st

Suite, Apt. #, Etc.

City Miami

State
FL

Zip Code 33184

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

4/24/06

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
D.	Apaza, Gisela	14 n.w. 135 Avenue	Miami, FL 33182
D.	Apaza, Jose	14 n.w. 135 Avenue	Miami, FL 33182

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose APAZA

Date

4-24-06

Daytime Phone #

305-558-7898

FILED

06 MAY -3 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

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