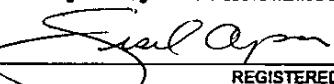


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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		3. Mailing Office Address 12482 S.W. 8 st									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State Miami, FL		City & State Miami, FL									
Zip 33184	Country USA	Zip 33184	Country USA								
4. Date Incorporated or Qualified To Do Business in Florida 09/22/1992											
5. FEI Number 65-0367406 <table border="1" style="float: right; border-collapse: collapse; width: 100px;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>				Applied For	Not Applicable						
Applied For											
Not Applicable											
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status											
7. Name and Address of Current Registered Agent <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Name Apaza, Gisel </td> <td style="width: 50%; padding: 5px;"> Street Address (P.O. Box Number is Not Acceptable) 12482 S.W. 8 st </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Suite, Apt. #, Etc. </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> City Miami </td> </tr> <tr> <td style="width: 50%; padding: 5px;"> State FL </td> <td style="width: 50%; padding: 5px;"> Zip Code 33184 </td> </tr> </table>				Name Apaza, Gisel	Street Address (P.O. Box Number is Not Acceptable) 12482 S.W. 8 st	Suite, Apt. #, Etc.		City Miami		State FL	Zip Code 33184
Name Apaza, Gisel	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 		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, Gisel	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: 		Jose APAZA									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-24-06 305-559-7895									
		Date									
		Daytime Phone #									