PLEASE READ	ALL INSTRUCTION	S BEFORE C	OMPLETING	THIS FORM.		
APPLICATION (*)	FOR Jim Smith		FILED			
REINSTATEMENT	Secretary of DIVISION OF CORP		05 NOM	/-5 AMII:		
DOCUMENT # L16884 1. Corporation Name			SECRETARY OF STATE FALLAHASSEE. FLORIDA			
FLAGLER ANIMAL HOSPITAL, P.A.			F 3/	SOULE FLUHIDA		
Principal Place of Business	Mailing Address		LARRIE (LAR. MAIA			
130 OLD KINGS ROAD. SOUTH 130 OLD KINGS ROAD PALM COAST FL 3213 US 130 OLD KINGS ROAD PALM COAST FL 3213 US						
If above addresses are incorrect in any way, line the 2. New Principal Office Address, If Applicable	rough incorrect information and ente 3. New Mailing Office Address,	er correction below.				
130 010 Kings Rd, 5 Suite, Apt. #, etc.	130 Old Kin	5 Rd, 5	Date Incorporated To Do Business in		0/1989	
City & State Flagler Bch, FL 32/36	City & State Cr Buh]	=	5. FEI Number 59	-2965991	Applied For Not Applicable	
Zip 32136 Country	Zip 32136 Cour	ntry	6. CERTIFICATE OF ST		Additional Fee required a Certificate of Status	
7. Names and Street Addresses of Each Officer and	/or Director (Florida nonprofit corpo	orations must list at leas	t 3 directors)			
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
l l		015 LAMBERT AVENUE 5690 John anderson Hw		FLGLER BEACH FL		
				<u> </u>	<u> </u>	
			11/05/02	01085010 **	150.00	
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent			
PERKINS, TERENCE R. MONACO SMITH HOOD & PERKINS A44 SEARREETE BLVD. SLITTE 000		Name				
		Street Address (P.O. Box Number is Not Acceptable)				
		Suite, Apt. #, Etc.	11(1 ± 1 <u>=</u> ±			
E OTAL DESIGN TE OLUTO		City		State Z	ip Code	

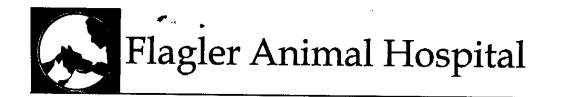
10/29/02 Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling

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. or 617.0505, F.S.

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 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 AND TYPED OR PRINTED N ME OF SIGNING OFFICER OR DIRECTOR



Dr. Robert Tate Dr. Steven Covert Dr. Lynn Wilson

October 29, 2002

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Fl 32134-6237

To Whom It May Concern:

I have received a notice stating that Flagler Animal Hospital has been dissolved/revoked due to lack of filing the annual report for 2002. I am requesting a waiver for the reinstatement fee due to the fact that our address was listed incorrectly and we did not receive the two prior uniform business report notices (UBR).

Please be advised that the correct address is:

Flagler Animal Hospital 130 Old Kings Rd. South Flagler Beach, Fl 32136

Enclosed is the appropriate fee of \$150.00 for reinstatement as well as the application for reinstatement.

Thank you

Robert G. Tate, DVM

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130 Old Kings Rd. South Flagler Beach, Fl 32136

Phone: 386-439-1606

Fax: 386-439-1605 e-mail: fanimalhosp@cfl.rr.com