

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS



FILED

02 NOV -5 AM 11:11

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **L16884**  
 1. Corporation Name  
**FLAGLER ANIMAL HOSPITAL, P.A.**

Principal Place of Business Mailing Address  
**130 OLD KINGS ROAD, SOUTH** **130 OLD KINGS ROAD, SOUTH**  
**PALM COAST FL 32137** **PALM COAST FL 32137**  
**US** **US**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
**130 Old Kings Rd, S**  
 Suite, Apt. #, etc.  
 City & State  
**Flagler Bch, FL 32136**  
 Zip **32136** Country

3. New Mailing Office Address, If Applicable  
**130 Old Kings Rd, S**  
 Suite, Apt. #, etc.  
 City & State  
**Flagler Bch FL**  
 Zip **32136** Country

4. Date Incorporated or Qualified To Do Business in Florida **09/20/1989**

5. FEI Number **59-2965991** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

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	4 City / State / Zip
PD	TATE, ROBERT G.	<del>315 LAMBERT AVENUE</del> <b>5690 John Anderson Hwy</b>	FLGLER BEACH FL

800008809818  
 11/05/02--01085--010 \*\*150.00

8. Name and Address of Current Registered Agent  
**PERKINS, TERENCE R.**  
**MONACO SMITH HOOD & PERKINS**  
**444 SEABREEZE BLVD., SUITE 900**  
**DAYTONA BEACH FL 32018**

9. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
**FL**

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.

Signature of Registered Agent *Robert Tate* **SIGNATURE REQUIRED** Date **10/29/02**  
 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 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 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: *Robert Tate* **SIGNATURE REQUIRED** Date **10/29/02** Daytime Phone # **(386) 439-1606**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)



# Flagler Animal Hospital

*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



130 Old Kings Rd. South  
Flagler Beach, Fl 32136  
Phone: 386-439-1606  
Fax: 386-439-1605  
e-mail: [fanimalhosp@cfl.rr.com](mailto:fanimalhosp@cfl.rr.com)