

H97000020186

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND

1007 500-40 PM 3:55

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDAAPPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L74394

1. Corporation Name

KENDALE LAKES PET HEALTH CARE CENTER, P.A.

Principal Place of Business

% BARRY GOLDBERG
13882 N KENDALL DR
MIAMI FL 33186

Mailing Address

% BARRY GOLDBERG
13882 N KENDALL DR
MIAMI FL 33186

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/18/1990

6. FEI Number 65-0191402

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PO	GOLDBERG, BARRY	13882 N KENDALL DR	MIAMI FL

REINSTATEMENT

97

SCC 12-8-97

8. Name and Address of Current Registered Agent

GOLDBERG, BARRY
13882 N KENDALL DR
MIAMI FL 33186

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.Yes ☒ No ☐(See other side for information
on Intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Prepared by: Barry Goldberg 1882 N. Kendall Dr. Miami, FL 33186

H97000020186 (305) 385-8001

CORP-0001 0007

L74394

2

12/08/97

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
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1. ENTER PASSWORD
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PASSWORD/NEWPASSWORD

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

2:07 PM

((H97000020186 7))

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4000

FROM: FAB-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839

ADCT#: 071001002335

FAX #: (305)716-0346

NAME: KENDALE LAKES PET HEALTH CARE CENTER, P.A.

AUDIT NUMBER.....H97000020186

DOC TYPE.....CORPORATION REINSTATEMENT

CERT. OF STATUS..1

PAGES..... 1

CERT. COPIES.....0

DEL.METHOD.. FAX

EST.CHARGE.. \$758.75

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

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