

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 15 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 02

DOCUMENT # P0000048938

1. Corporation Name

ANIMAL CLINIC OF WINDERMERE, INC.

Principal Place of Business

Mailing Address

ANIMAL CLINIC OF WINDERMERE
1909 MAGUIRE ROAD
WINDERMERE FL 34786

ANIMAL CLINIC OF WINDERMERE
1909 MAGUIRE ROAD
WINDERMERE FL 34786



300009034243
11/15/02--01094--023 **600.00

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

2. New Principal Office Address, If Applicable

1909 Maguire Road

3. New Mailing Office Address, If Applicable

1909 Maguire Road

4. Date Incorporated or Qualified To Do Business in Florida

05/11/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1008411

Applied For

Not Applicable

City & State

Windermere FL

City & State

Windermere FL

Zip

34786

Country

USA

Zip

34786

Country

USA

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
D	PEARCE, DOUGLAS S	7340 MARDELL COURT	ORLANDO FL 32835
C	PEARCE, MARY	7340 MARDELL CT	ORLANDO FL 32835

300009034243
11/15/02--01094--024 **150.00

8. Name and Address of Current Registered Agent

GRAHAM, JESSE E JR. SR
369 NORTH NEW YORK AVE., 3RD. FLOOR
WINTER PARK FL 32790

9. Name and Address of New Registered Agent

Name: GRAHAM, JESSE E. SR.
Street Address (P.O. Box Number is Not Acceptable): 369 North New York Ave, 3rd Floor
Suite, Apt. #, Etc.:
City: Winter Park State: FL Zip Code: 32789

CR2E040 (8/02)

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

[Handwritten Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/6/02

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 290 1564
11/1/02 407 290 1564

Date

Daytime Phone #