PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 13 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000104915**

1. Corporation Name

YAO ANIMAL HOSPITAL, INC.

Principal Place of Business	Mailing Address
7481 BISCAYNE BLVD MIAMI FL 33138	7481 BISCAYNE BLVD MIAMI FL 33138

REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/27/2002

5. FEI Number: 51-0440486 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	YAO, JOHN A	~~7226 BISCAYNE BLVD~~ 712 NE 95 St	MIAMI FL 33138
STD	YAO, LIANNE K	~~7226 BISCAYNE BLVD~~ 712 NE 95 St	MIAMI FL 33138

100023764561
10/13/03--01093--014 **150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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

CR2E040 (7/03)

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 SIGNATURE [signature] Date 10/8/03

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: SIGNATURE [signature] 10/8/03 786 423 7017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

YAO ANIMAL HOSPITAL

7481 Biscayne Boulevard ☘ Miami, Florida 33138 ☘ Ph: (305) 751-8552 ☘ Fax: (305) 751-8553

10/8/03

To Whom it may Concern,

The corporation did not receive the annual reports nor the two prior uniform business report notices here at the business address. The addresses of the officers were not the correct addresses and have been corrected on the form.

Please, let me know what I need to do to rectify the situation and if I could be of further assistance.

Thank you for your time!

Sincerely, John Yao