

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 NOV 20 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P95000077534

1. Corporation Name
HAROLD B. WATSON, D.V.M., P.A.

Principal Place of Business
330 NORTHEAST 2ND STREET
BOCA RATON FL 33432
US

Mailing Address
330 NORTHEAST 2ND STREET
BOCA RATON FL 33432



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

4. Date Incorporated or Qualified To Do Business in Florida
10/10/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 65-0621098

Applied For

Not Applicable

City & State

City & State

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

Zip

Country

Zip

Country

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
PSTD	WATSON, HAROLD B D.V.M.	330 NORTHEAST 2ND STREET	BOCA RATON FL 33432

100002354831--5
-11/21/97--01120--008
****165.00 ****165.00

789
11/20/97

8. Name and Address of Current Registered Agent

MILLMAN, PAUL
2855 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

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 *Paul G. Miller*
same agent REGISTERED AGENT MUST SIGN

Date 11/18/97

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: *Harold B Watson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/97
Date

561-347-1797
Daytime Phone #

CR2E040 (8/97)

11/13/97 (2)

HAROLD B. WATSON, D.V.M.

EQUINE MEDICINE AND SURGERY

330 N.E. 2nd Street
Boca Raton, Florida 33432

954/968-0328

To whom it may concern;

I Harold B. Watson DVM, President of such business, am writing to you to let you know that until I received this document ^(Dissolution/renovating) on 10/10/97 I had not received any prior documents. There have not been any change of address. This is my second year in business and I have not been delinquent in any area to my knowledge. After speaking with your staff. I am sending enclosing 165⁰⁰ for my corporate fee along with my corporate annual reports. I am aware that if this would occur again it would be penalized!

Thank You

H.B.W.