

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 OCT 24 PM 4:32

DOCUMENT # **P96000104571**

1. Corporation Name
CLERMONT ANIMAL HOSPITAL INC.

Principal Place of Business	Mailing Address
211 NORTH U.S. HWY 27 CLERMONT FL 34711	211 NORTH U.S. HWY 27 CLERMONT FL 34711



REINSTATEMENT 00

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	12/31/1996
5. FEI Number	59-3422944
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$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
PSD	DIMENT, STANLEY C	211 NORTH U.S. HWY 27	CLERMONT FL

100003455751--1
 -11/07/00--01101--009
 ****758.75 ****758.75

AS 11/3

8. Name and Address of Current Registered Agent
DIMENT, STANLEY C
 211 NORTH U.S. HWY 27
 CLERMONT FL 34711

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.

Signature of Registered Agent: *[Signature]* Date: 20 - Oct 2000

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or in some 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]* Date: 20 - Oct 2000 Daytime Phone #: 352-394-5444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)