

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 JUN 27 AM 7:22

DOCUMENT #

1. Corporation Name

South Beach Animal Hospital

REINSTATEMENT

04-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
1874 West Ave

3. Mailing Office Address
1874 West Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1A

City & State

Miami Beach

City & State

Miami Beach

Zip
33139

Country
usa

Zip
33139

Country
usa

4. Date Incorporated or Qualified
To Do Business in Florida

1/29/1997

5. FEI Number
65-0726586

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Michael Tenzer

Street Address (P.O. Box Number is Not Acceptable)
1321 S. Biscayne Pt. Rd.

Suite, Apt. #, Etc.

City
Miami Beach

State
FL

Zip Code
33141

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 6/25/2007

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Michael Tenzer	1321 S. Biscayne Pt. Rd.	Miami Bch/ FL/33141

400104346944
06/27/07--01054--012 **600.00

10. 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 contained in Chapter 119, 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

Michael Tenzer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/2007

Date

305-534-8404

Daytime Phone #