PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| REGISTERED AGENT MUST SIGN  P. 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 Off |  |                                   | . 4,50 22. 01.2                    | JOINI LETINO TINO FORMS.   |  |
|--|--|-----------------------------------|------------------------------------|--|--|
| SECRETARY OF STATE TALLAHASSEE, FLOREY.  MAY ANIMAL HOSPITAL, INC  2-DIDOSOL 94E2-6  -99.46.702-01035-027  ***1550.00  ****1550.00  ****1550.00  ****1550.00  ****1550.00  ****1550.00  ****1550.00  ****1550.00  ****1550.00  ****1550.00  ****1550.00  *****1550.00  ***1550.00  ****1550.00  ****1550.00  ****1550.00  ****1550.00  ***1550.00  ****1550.00  ****1550.00  ****1550.00  ****1550.00  ***1550.00  ****1550.00  ****1550.00  ****1550.00  ****1550.00  ***155 |  | Jim Smith<br>Secretary of State   |                                    |  |  |
| MAY ANIMAL HOSPITAL, INC.  2000081494,62—107 -09/26/02—01035—027 -09/26/03—01035 - | DOCUMENT #  1. Corporation Name  | OCUMENT # corporation Name  43692 |                                    | SECRETARY OF STATE   |  |
| SURPLANT CITY FT. SURPLANT CITY FT. SURPLANT COUNTY WAS A STATE OF STATE O |  |                                   | 2000080494626<br>-09/26/0201035027 |  |  |
| Secretary   Secr   | 4645 Hwy 92W   | 4645 Hwy 92W                      |                                    | The state of Qualified Qua |  |
| 7. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  8. In being appointed the registered agent of the above pamed proporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  8. In being appointed the registered agent of the above pamed proporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  8. Signature of Registered agent of the above pamed proporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  8. In being appointed the registered agent of the above pamed proporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  8. Name of Registered Agent Registered Agent Must Sign  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must lest at least 3 directors)  7. Tiles Officers and/or Directors  8. Street Addresses of Each Officer and/or Director (Profit on Comparison must lest at least 3 directors)  8. Name of Officer and/or Director Officer and/or Director Officer and/or Director  9. Names and Street Addresses of Each Officer and/or Director (Profit on Comparison must lest at least 3 directors)  8. Tiles Officer and/or Director Officer and/or Director (Profit on Comparison must lest at least 3 directors)  8. Tiles Officer and/or Directors  9. Names and Street Addresses of Each Officer and/or Director (Profit on Comparison must lest at least 3 directors)  8. Tiles Officer and/or Directors  9. Names and Street Addresses of Each Officer and/or Director (Profit on Comparison Must lest at least 3 directors)  8. Tiles Officer and/or Director (Profit on Comparison Must lest at least 3 directors)  9. Names and Street Addresses of Each Officer and/or Director (Profit on Comparison Must lest at least 3 directors)  9. Names and Street Addresses of Each Officer and/or Director (Profit on Comparison Must lest at least 3 directors)  8. Tiles Off | Plant City-FC  | - PLANT CITY, FL -                |                                    | 5 EEI Number   |  |
| Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite, Agt. 8, Etc.  City Plant City  File Zip Code 3 3 5 6 3  8. 1, being appointed the registered agest of the above pamed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Agent McCloal A Plants  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must let at least 3 directors)  8. Names and Street Addresses of Each Officer and/or Director Officer and/or Director City (State) (Zip  Prefor McChael Ao Marks DVM YUHS Hury 92W Plant City, PL 33563  Prefor McChael Ao Marks DVM YUHS Hury 92W Plant City  By McChael A Marks DVM Hury 92W Plant City  Prefor McChael A Marks DVM Hury 92W Plant City  Plant City PL 33563  10. 1 certify that I am an officer or director or the receiver or Insteas empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this vinstatement 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 fies oved by the corporation have been paid and the names of Individuals into the time on ortical uniforments of section 119,07(3)(0, F.S. The information indicated on the application is true and accurate, and my segnature shall have the assented by a 2 2 202 2 33 752,1010  | 33563 USA  | 33563                             | USA                                | CERTIFICATE OF STATUS DESIRED for a Certificate of Status  |  |
| Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Sute, Apr. #, Etc.  City Plant City  State Zip Code  State Zip Code  Signature of Br. Lipid State Zip Code  Signature of Br. Lipid State Zip Code  FL Zip Code  3 3 5 6 3  B. I. being appointed the registered agest of the above pamed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Br. Lipid State Zip Code  Policy Acceptable Addresses of Each Officer and/or Director State  Breat Address of Each  Officer and/or Director  Officer a |  |                                   |                                    |  |  |
| Signature of Muchael A Marks DVM YWYS Hwy 92 W Plant City Pt 33563  Wichael A Marks DVM YWYS Hwy 92 W Plant City Pt 33563  Wichael A Marks DVM YWYS Hwy 92 W Plant City Pt 33563  Wichael A Marks DVM YWYS Hwy 92 W Plant City Pt 33563  Wichael A Marks DVM YWYS Hwy 92 W Plant City Pt 33563  Wichael A Marks DVM YWYS Hwy 92 W Plant City Pt 33563  Wichael A Marks DVM YWYS Hwy 92 W Plant City Pt 33563  Wichael A Marks DVM YWYS Hwy 92 W Plant City Pt 33563  Wichael A Marks DVM YWYS Hwy 92 W Plant City Pt 33563  Wichael A Marks DVM YWYS Hwy 92 W Plant City Pt 33563  Wichael A Marks DVM YWYS Hwy 92 W Plant City Pt 33563  Wichael A Marks DVM YWYS Hwy 92 W Plant City Pt 33563  Distribution of 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 ceth.  SIGNATURE: Wellull A Mollish Marks Mark | MICHAEL A. Marks DVM  Street Address (P.O. Box Number is Not Acceptable) 4645 HWY 92 W  Suite, Apt. #, Etc.  |                                   |                                    |  |  |
| 19. Names and Street Addresses of Each Officer and/or Director (Flonda non-profit corporations must list at least 3 directors)  Titles   |  |                                   |                                    |  |  |
| Titles Name of Officers and/or Directors  Street Address of Each Officer and/or Director  Or Michael A. Marks DVM 445 Hwy 92w Plant City, PL 33563  Plant City / State / Zip  Dir Michael A. Marks DVM 7193 E. High St Lockport, NY 1409v  Electric Michael A. Marks DVM 4645 Hwy 92 w Plant City Ft 33563  Tool Nachael A. Marks DVM 92 w Plant City Ft 33563  Tool Nachael A. Marks DVM 92 w Plant City Ft 33563  Tool Nachael A. Marks DVM 92 w Plant City Ft 33563  Tool Nachael A. Marks DVM 92 w Plant City Ft 33563  Tool Nachael A. Marks DVM 92 w Plant City Ft 33563  Tool Nachael A. Marks  | Signature of Registered Agent Agent REGISTERED AGENT MUST SIGN   |                                   |                                    |  |  |
| Officer and/or Directors Officer and/or Director Offic | 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  |                                   |                                    |  |  |
| Or Michael A. Marks DVM 445 Hwy 92w Plant City, PC 33563  POIS Steven C. Lewis DVM 7193 E. High St Lockport, NY 1409v  Ellis Michael A. Marks DVM 4645 Hwy 92 w Plant City FC 33563  POIS Michael A. Marks DVM 4645 Hwy 92 w Plant City FC 33563  POIS Michael A. Marks DVM 4645 Hwy 92 w Plant City FC 33563  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)(1), 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 outh.  SIGNATURE: Level A. Marks DVM 4645 Hwy 92 W 92/2002 93 752/10/0   |  |                                   |                                    | City / State / 2ip   |  |
| Oir Michael A. Marks DVM 4645 Hwy 92 w Plant City Ft 33563  TOO DI Michael A. Marks DVM 4645 Hwy 92 w Plant City Ft 33563  TOO DI Michael A. Marks DVM 4645 Hwy 92 w Plant City Ft 33563  TOO DI Certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 617, F.S. I further certify that when filling 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)(1), 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: Llevel A. Allevel A. Merson Marks Marks 9/2/2002 9/3 752/010   | Prespor Michael A. Marks   | DVM 4645                          | 5 HWY 921                          | U Plant City, PL 33563   |  |
| Michael Ac Marks DVM 4645 HWY 92 W Plant City Ft 33563  10.1 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 filling 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: Alculus A Moulis Marks 9/2/2002 9/3 752/10/10  | 1011 DEVen C. Lewis Dum 7193 E. High St Jocknort 114 140   |                                   |                                    |  |  |
| 10.1 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 filling 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: Medium Ambulum PLES 9/2/2002 9/3 752/1010  | Sec Dir Michael A. Mark  | 5-0VM-4645                        | 5 HWY 92                           | W- Plant City FC 33563   |  |
| 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 filling 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: Medium Amazina and the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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:   | 1000 Dr Michael A. Mark  | s own 4645                        | Hwy 92                             | W Plant City FL 33563  |  |
| 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: ### Application, the reason for description 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: ### Application, the reason for description of 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: #### Application for the following indicated on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this form do not qualify for an exemption under section 119.07(3)(ii), F.S. The information indicated on this form do not qualify for an exemption under section 119.07(3)(ii), F.S. The information indicated on this form do not qualify for an exemption under section 119.07(3)(ii), F.S. The information indicated on this form do not qualify for an exemption under section 119.07(3)(ii), F.S. The information indicated on this form do not qualify for an exemption under section 119.07(3)(ii), F.S. The information indicated on this form do not qual |  |                                   |                                    | . 4  |  |
| 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: ### Application, the reason for description 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: ### Application, the reason for description of 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: #### Application for the following indicated on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this form do not qualify for an exemption under section 119.07(3)(ii), F.S. The information indicated on this form do not qualify for an exemption under section 119.07(3)(ii), F.S. The information indicated on this form do not qualify for an exemption under section 119.07(3)(ii), F.S. The information indicated on this form do not qualify for an exemption under section 119.07(3)(ii), F.S. The information indicated on this form do not qualify for an exemption under section 119.07(3)(ii), F.S. The information indicated on this form do not qual |  |                                   |                                    |  |  |
| 5151AT SILE 15 15 15 15 15 15 15 15 15 15 15 15 15   | owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 110 07/3\/\) E.G. The information individuals listed on this form do not qualify for an exemption under section 110 07/3\/\) |                                   |                                    |  |  |
| MICHAEL A. MAKES DUM PRES  |  |                                   |                                    |  |  |