

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 SEP 23 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200008049462--6

-09/26/02--01035--027

\*\*\*1350.00 \*\*\*1350.00

**DOCUMENT #**

1. Corporation Name

436922  
MAY ANIMAL HOSPITAL, INC

2. Principal Office Address

4645 Hwy 92W

Suite, Apt. #, etc.

3. Mailing Office Address

4645 Hwy 92W

Suite, Apt. #, etc.

City & State

Plant City, FL

City & State

PLANT CITY, FL

Zip

33563

Country

USA

Zip

33563

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/25/1973

5. FEI Number

59-1493664

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Michael A. Marks DVM

Street Address (P.O. Box Number is Not Acceptable)

4645 Hwy 92W

Suite, Apt. #, Etc.

City

Plant City

State  
FL

Zip Code  
33563

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

Michael A. Marks

REGISTERED AGENT MUST SIGN

Date

9/2/2002

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
Pres/Dir	Michael A. Marks DVM	4645 Hwy 92W	Plant City, FL 33563
VP/Dir	Steven C. Lewis DVM	7193 E. High St	Lockport, NY 14094
Sec/Dir	Michael A. Marks DVM	4645 Hwy 92W	Plant City, FL 33563
Treas/Dir	Michael A. Marks DVM	4645 Hwy 92W	Plant City, FL 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 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:

Michael A. Marks DVM PRES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MICHAEL A. MARKS DVM PRES

9/2/2002

Date

813 7521010

Daytime Phone #

CR2E081 (8/01)