

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 518048

1. Corporation Name

Lawrence D. Shaffer, D.V.M., P.A.

2. Principal Office Address

7795 NW Cty Highway 316

Suite, Apt. #, etc.

City & State

Fairfield, FL

Zip

32634

Country

U.S.

3. Mailing Office Address

7795 NW Highway 316

Suite, Apt. #, etc.

City & State

Fairfield, FL

Zip

32634

Country

U.S.

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/05/1976

5. FEI Number

591703651

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

Lawrence D. Shaffer

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

7795 NW Cty Highway 316

Suite, Apt. #, Etc.

City

Fairfield

State

FL

Zip Code

32634

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

Lawrence D. Shaffer

Date

12/27/2005

REGISTERED AGENT MUST SIGN

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
P/D	Lawrence D. Shaffer	7795 NW Cty Highway 316	Fairfield, FL 32634

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:

Lawrence D. Shaffer

12/27/2005

351-64-8653

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence D. Shaffer, President

Date

Daytime Phone #