PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 FEB 28 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 537313

1. Corporation Name
DONALD WILLIAM DENOFF, D.V.M., P.A.

W01-4494

2. Principal Office Address	3. Mailing Office Address
4400 PGA BLVD.	4400 P.G.A. BLVD.
Suite, Apt. #, etc. SUITE 201	Suite, Apt. #, etc. SUITE 201
City & State PALM BEACH GARDENS,	City & State PALM BEACH GARDENS,
Zip FLORIDA 33410 Country USA	Zip FLORIDA 33410 Country USA

REINSTATEMENT 01-01

4. Date Incorporated or Qualified To Do Business in Florida 6-16-77

5. FEI Number 591761909 Applied For Not Applicable SP

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for a Certified Copy

7. Name and Address of Current Registered Agent

Name JACK S. COX
Street Address (P.O. Box Number is Not Acceptable) 4400 P.G.A. BLVD.
Suite, Apt. #, Etc. SUITE 201
City PALM BEACH GARDENS State FL Zip Code 33410

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 S. Cx Date 2/26/01
REGISTERED AGENT MUST SIGN JACK S. COX

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	DONALD WILLIAM DENOFF	3648-B PINEHURST DRIVE LAKE WORTH, FLORIDA 33467	LAKE WORTH, FLORIDA 33467

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***2467.50 ***2467.50

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: [signature] 2/26/01 561-649-6530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

UCC SERVICES Fax:8506816011 Feb. 20. '01 15:15 P.02