PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN 14 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 537313

1. Corporation Name: Donald William Denoff, D.V.M., P.A.

REINSTATEMENT 03-05

2. Principal Office Address	3. Mailing Office Address
530 Sands Rd	530 Sands Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Big Pine Key, FL	Big Pine Key, FL
Zip 33043 Country US	Zip 33043 Country US

4. Date Incorporated or Qualified To Do Business in Florida: July 1977

5. FEI Number: 59-1761909 ☐ Applied For ☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: Donald William Denoff, DVM
Street Address (P.O. Box Number is Not Acceptable): 530 Sands Rd
Suite, Apt. #, Etc.:
City: Big Pine Key State: FL Zip Code: 33043

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: Donald William Denoff DVM Date: 1/13/05
REGISTERED AGENT MUST SIGN

CR2E041 (01/00)

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.	Donald Wm Denoff DVM	530 Sands Rd	Big Pine Key, FL 33043

310044774743
01/14/05--01028--012 **1050.00

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 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: Donald William Denoff DVM 1/13/05 305 872-4775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #