

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **548239**

1. Corporation Name

A. BRYAN SMITH, DVM, P.A.

Principal Place of Business

Mailing Address

**200 North Marion Street / 920 Newland St.
Lake City, FL 32055 JACKSON, MS 39211**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1118 W. Granada Blvd.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1118 W. Granada Blvd.

Suite, Apt. #, etc.

City & State

Ormond Beach, FL 32174

City & State

Ormond Beach, FL 32174

Zip

32174

Country

Volusia

Zip

32174

Country

Volusia

4. Date Incorporated or Qualified
To Do Business in Florida

10/03/77

5. FEI Number

59-1772684

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 87-98

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	A. BRYAN SMITH	920 Newland Street	Jackson, MS 39211
S	PATRICIA C. SMITH	920 Newland Street	Jackson, MS 39211

800002467348--7
-03/24/98--01107--026
*****1965.00 ***1965.00**
3-18-98

8. Name and Address of Current Registered Agent

**Terry McDavid
200 North Marion Street
Lake City, Florida 32055**

9. Name and Address of New Registered Agent

Name
S. Austin Peele
Street Address (P.O. Box Number is Not Acceptable)
327 North Hernando Street
Suite, Apt. #, Etc.
City
Lake City State
FL Zip Code
32055

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **3/13/98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-12-98

Daytime Phone #

601-956-3571

CR2E040 (1/98)