

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 602970

1. Corporation Name

Howell Branch Animal Hospital, P.A.

2. Principal Office Address

1401 Howell Branch Blvd.

3. Mailing Office Address

12401 W. Olympic Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park FL

City & State

Los Angeles, CA

Zip

32789

Country

USA

Zip

90064

Country

USA

**REINSTATEMENT**

96-00

4. Date Incorporated or Qualified To Do Business in Florida

7/21/71

**SP**

5. FEI Number

59-1359947

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

CT Corporation System

900003409269-3

-09/29/00--01041--001

\*\*\*\*\*8.75 \*\*\*\*\*8.75

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

1200 S. Pine Island Rd.

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\*\*\*\*600.00 \*\*\*\*600.00

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

*Connie Byrne*

REGISTERED AGENT MUST SIGN

Date

9-18-00

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. & Dir.	Robert L. Antin	12401 W. Olympic Blvd.	Los Angeles, CA 90064
V.P. & Dir.	Neil Tauber	12401 W. Olympic Blvd.	Los Angeles, CA 90064
Sec. & Dir.	Arthur J. Antin	12401 W. Olympic Blvd.	Los Angeles, CA 90064
CFO	Tomas W. Fuller	12401 W. Olympic Blvd.	Los Angeles, CA 90064

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\*\*\*\*750.00 \*\*\*\*750.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tomas Fuller, CFO

Date

9/8/00

Daytime Phone #

CR2E061 (8/99)