

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # 615613

1. Corporation Name

Florida Veterinary Laboratories, Inc.

2. Principal Office Address

12401 W. Olympic Blvd.

Suite, Apt. #, etc.

City & State

Los Angeles, CA

Zip

90064

Country

USA

3. Mailing Office Address

12401 W. Olympic Blvd.

Suite, Apt. #, etc.

City & State

Los Angeles, CA

Zip

90064

Country

USA

REINSTATEMENT

9/18/00

4. Date Incorporated or Qualified
To Do Business in Florida

03-29-79

SP

5. FEI Number

59-1897710

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

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

1200 South Pine Island Road

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 Bryan

REGISTERED AGENT MUST SIGN

Connie Bryan

Date

9/18/00

Spec. Asst. Secy.

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

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:

Tomas W. Fuller

Tomas W. Fuller, CFO

Date

9/18/00

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (2/99)