

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JAN -4 AM 10:50

DOCUMENT # 642640

Corporation Name

Roberts Veterinary Services, Inc

REINSTATEMENT 11-12

100215644471
12/29/11--01030--007 **900.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #

7001 Rockway Creek Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 70

Suite, Apt. #, etc.

City & State

Wakulla Hill, FL

Zip

32568

Country

ECUADORIA

City & State

Attmore, AL

Zip

36504

Country

ECUADORIA

4. Date Incorporated or Qualified
To Do Business in Florida

08/22, 1996

5. FEI Number

59-1994298

☐ 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
William Lindsey Roberts

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

7001 Rockway Creek Rd.

Suite, Apt. #, Etc.

City

Wakulla Hill, FL

State

FL

Zip Code

32568

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

W. Lindsey Roberts

Date

REGISTERED AGENT MUST SIGN

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
P	William Lindsey Roberts	7001 Rockway Creek Rd.	Wakulla Hill, FL 32568
D	Andy Jo Knight-Roberts	" " "	" " "

10. E-mail Address: Lindsey.Roberts@gmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE W. Lindsey Roberts W. Lindsey Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-27-2011 800-206-8421

Date

Daytime Phone #