

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 # 647472

1. Corporation Name

ROBERT S. LEGG, D.V.M., P.A.

Principal Place of Business

Mailing Address

1547 SOUTH STANDING ELK TRAIL  
COEUR d'ALENE, IDAHO 83814

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/29/79

5. FEI Number

59-1960186

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	ROBERT S. LEGG	1547 SOUTH STANDING ELK TRAIL	COEUR d'ALENE, ID 83814
			500002361395---0 -12/02/97--01100--001 ****915.00 ****915.00

8. Name and Address of Current Registered Agent

ROBERT S. LEGG, D.V.M.  
2040 MAIN STREET  
DUNEDIN, FL 34698

9. Name and Address of New Registered Agent

Name  
TAMI F. CONETTA, ESQ.

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

1245 COURT STREET

Suite, Apt. #, Etc.

SUITE 102

City

CLEARWATER

State

FL

Zip Code

33756

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

*Tami F. Conetta*

REGISTERED AGENT MUST SIGN

Date

10/10/97

11. Does this corporation pay any intangible tax to the

Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*Robert S. Legg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/97  
Date

208 667 6843  
Daytime Phone #

ROBERT S. LEGG

FILED

97 NOV 24 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 910-97

CR2640 (12/96)