

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN 15 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 670030

1. Corporation Name

Ray George B. Bailey, V.M.D., INC. D/B/A
Country Club Animal Hospital

2. Principal Office Address

18506 N.W. 67 Ave.

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33015

Country

USA

3. Mailing Office Address

4115 S.W. 72 Ave.

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33155

Country

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

1980

5. FEI Number

59-2071867

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

Ray George B. Bailey

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

18506 N.W. 67 Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33015

000027007638
01/15/04--01015--009 **\$300.00

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

[Signature]
REGISTERED AGENT MUST SIGN

Date January 06, 2004

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.	Ray George B. Bailey	4115 S.W. 72 Avenue	Miami FL 33155

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-04

Date

805 663 3300

Daytime Phone #

CR2E081 (10/02)



January 9, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Reinstatement of Corporation

To Whom It May Concern:

We were informed last week by our landlord that the corporation of Ray George B. Bailey, V.M.D., Inc. D/B/A Country Club Animal Hospital was dissolved in 2003 due to nonpayment. This came as a complete surprise as we have been paying on time the annual fees since the start of this corporation in 1980.

The only explanation we have to offer is that the report was never received. We have numerous corporations all of which were paid for the year 2003 and remain in good standing.

This was an unintentional oversight on our part and we sincerely ask that the reinstatement fee be waived.

Enclosed are the fees to cover 2003 and 2004. Should you wish to discuss this matter, I may be reached at (305) 663-3300.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Faith Juliette Koehn". The signature is stylized with loops and flourishes.

Faith Juliette Koehn
Executive Assist.