PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



674513 **DOCUMENT #**

1. Corporation Name

ACADEMY ANIMAL HOSPITAL OF WEST PALM BEACH, INC.

Principal Place of Business

Mailing Address

429 BELVEDERE ROAD WEST PALM BEACH FL 33405

429 BELVEDERE ROAD WEST PALM BEACH FL 33405



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SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above	addrosoos oro	incorrect in any way. Heat	hrough incorrect	information	-dk				
If above addresses are incorrect in any way, line through incorrect New Principal Office Address, If Applicable 3. New Ma				ew Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 06/23/1980			
Suite, Apt. #, etc. Suite, Apt. #						5. FEI Numbe	e een ala		
City & State City						FO-SUPEUVS		Applied For Not Applicable	
Zip Country			Zip		Country	6. CERTIFICAT	6. CERTIFICATE OF STATUS DESIRED Control for a Certificate of Status		
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	orida nonprofi	t corporations must list at le	east 3 directors)			
Title(s)	e(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
PTS	KUNZ, RICHARD OSWALD			429 BELV	429 BELVEDERE ROAD		WEST PALM BEACH FL		
D	KUNZ, RICHARD OSWALD			429 BELVEDERE ROAD			WEST PALM BEACH FL		
				7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		. 1	100004698321 -11/29/0101050007 -****150.00 ****150.0		
	8. Nam	e and Address of Curren	t Registered Ag	ent		9. Name and	Address of New Registered A	Agent	
An Table	فيواد يشو	-	•~	-	Name	Name			
·	RICHARD O				Street Address	Street Address (P.O. Box Number is Not Acceptable)			
429 BELVEDERE ROAD STE 900 WEST PALM BEACH FL 33405					Suite, Apt. #, Et	Suite, Apt. #, Etc.			
					City	State Zip Code			
10. I, being	g appointed the	e registered agent of the al	pove named corp	oration, am fa	miliar with and accept the	obligations of Sect	ion 607.0505, F.S.		
Signature of Registered Agent REGISTERED AGENT MUST SIGN							Date		
this rein	istatement app y the corporati	plication, the reason for dis ion have been paid and the	solution has been a names of individ	n eliminated, tl duals listed on	ne corporate name satisfie	s the requirements r an exemption un	apter 607 or 617, F.S. I further of section 607.0401 or 617.04 der section 119.07(3)(i), F.S. T	01, F.S., that all fees	

ACADEMY ANIMAL HOSPITAL OF WEST PALM BEACH, INC. 429 BELVEDERE ROAD WEST PALM BEACH, FLORIDA 33405



October 29, 2001

Florida Department of State Division of Corporations Annual Report/Reinstatement Division PO Box 6327 Tallahassee, Florida 32314-6327

Re: Academy Animal Hospital of West Palm Beach, Inc.

EIN: 59-2056042

Document Number 674513

Gentlemen:

This letter is in response to your Notice Of Administrative Dissolution or Revocation for the above referenced corporation. It appears from your records that you have never received the \$150.00 check that was written on April 9, 2001 in payment of the corporate annual report. During this year we have incurred multiple administrative personnel changes and specific information such as form filings and correct bank reconciliations have not been prepared in a timely or correct manner. We have taken complete steps to insure that this will never occur again. Our past filings have always been done in a timely manner. We are respectfully requesting that you abate the penalties and accept the \$150.00 check for the 2001 corporate annual report. Enclosed is a signed Application For Reinstatement.

Thank you for your cooperation in this matter. If you should have any questions, please do not hesitate to contact me.

Sincerely,

Dr. Richard O. Kunz

President