PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV 15 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 733553

1. Corporation Name

FLORIDA VETERINARY TECHNICIAN ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 21108 ST. PETERSBURG FL 33742	P.O. BOX 21108 ST. PETERSBURG FL 33742 US

REINSTATEMENT 99

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: 06/13/1975 SP

5. FEI Number: 59-1661984 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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	4 City / State / Zip
~~TD~~	~~PLA, CHARLENE~~	~~2305 W. POWHATTAN AVE~~	~~TAMPA FL~~
SD	MYERS, VALERIE	6220 PERSHING ST., N.E.	ST. PETERSBURG FL
PD	PATRICK, MICHAEL	305 W GENESEE ST	TAMPA FL
TD	ROCHE, KYLE	1210 E BROAD ST.	TAMPA, FL 33604
			400003061034--5 -12/06/99--01014--007 *****236.25 *****236.25

8. Name and Address of Current Registered Agent

CASLER, SR., WILLIAM F.
502 FLORIDA NATIONAL BANK BLDG
ST. PETERSBURG FL

9. Name and Address of New Registered Agent

Name: KYLE D. ROCHE
Street Address (P.O. Box Number is Not Acceptable): 1210 E BROAD ST
Suite, Apt. #, Etc.:
City: TAMPA State: FL Zip Code: 33604

CR2E040 (8/99)

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: Kyle D Roche REQUIRED Date: 11/13/99

REGISTERED AGENT MUST SIGN

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., 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: Kyle D Roche REQUIRED 11/13/99 813-237-5517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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