

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 OCT 22 AM 8:45

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **738125**

1. Corporation Name

**VOLUSIA COUNTY VETERINARY MEDICAL SOCIETY, INC.**

Principal Place of Business

Mailing Address

932 MASON AVE  
 DAYTONA BEACH FL 32117  
 US

932 MASON AVE.  
 DAYTONA BCH. FL 32117  
 US

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

**REINSTATEMENT** 99@

4. Date incorporated or Qualified To Do Business in Florida: **02/17/1977**

5. FEI Number: **NOT APPLICABLE**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status.

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

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	<del>HORTY, TERI</del> Kelly Long	51 Canterbury Woods 1727 N. HIGHWAY 15-A Ormond Beach, FL 32174	DELAND FL 32720
VD	RIPPEY, WILLIAM JR	1961 S. RIDGEWOOD AVENUE	S. DAYTONA FL 32119
S	LANGFORD, GARY	932 MASON AVENUE	DAYTONA BEACH FL
D	BASS, JOHN	5833 S. RIDGEWOOD AVENUE	PORT ORANGE FL
G	BREWER, GLENN	1727 N. HIGHWAY 15-A	DELAND FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LANGFORD, GARY  
 932 MASON AVENUE  
 DAYTON BEACH FL 32117

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc. **100003031361-2**  
 City **FL** **11/01/99--01126--004**  
**\*\*\*175.00\*\*\***

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

*Gary Langford*

REGISTERED AGENT MUST SIGN

Date **19 Oct. 99**

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:

*Gary Langford*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**19 Oct. 99**

Date

**904 265 1407**

Daytime Phone #