

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 16 AM 8:53

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 738125

1. Corporation Name

VOLUSIA COUNTY VETERINARY MEDICAL SOCIETY, INC.

Principal Place of Business

932 MASON AVE.
 DAYTONA BEACH FL 32117
 US-

Mailing Address

932 MASON AVE.
 DAYTONA BCH FL 32117
 US



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
 1402 Dunlawton Avenue
 City & State
 Port Orange, FL
 Zip
 32127
 Country
 USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
 1402 Dunlawton Avenue
 City & State
 Port Orange, FL
 Zip
 32127
 Country
 USA

4. Date Incorporated or Qualified To Do Business in Florida

02/17/1977

5. FEI Number

NOT APPLICABLE

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	4 City / State / Zip
PD	LONG, K. KELLY Suarez, Joe	51 CONTERBURY WOODS 30 S. U.S Hwy 17-92	ORMOND BCH FL 32720 DeBary, FL
VD	LONG, SUSAN Cox, Kenneth	51 CONTER BARY LANE 1984 SR 44	ORMOND BEACH FL 32720 New Smyrna Beach, FL 32169
S SD	LANGFORD, GARY Kluth, Susan	932 MASON AVE 1402 Dunlawton Avenue	DAYTONA BEACH FL 32117 Port Orange, FL 32127
D	BASS, JOHN	5833 S. RIDGEWOOD AVENUE	PORT ORANGE FL
D	BREWER, GLENN	1727 N. HIGHWAY 15-A	DELAND FL
			300023854833 10/16/03--01045--011 **236.25

8. Name and Address of Current Registered Agent

LANGFORD, GARY
 932 MASON AVENUE
 DAYTONA BEACH FL 32117

9. Name and Address of New Registered Agent

Name
 Kluth, Susan
 Street Address (P.O. Box Number is Not Acceptable)
 1402 Dunlawton Avenue
 Suite, Apt. #, Etc.
 City
 Port Orange
 State
 FL
 Zip Code
 32127

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. or 617.0505, F.S.

Signature of Registered Agent

Susan Kluth

REGISTERED AGENT MUST SIGN

Date

10/13/03

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:

Susan Kluth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03

Date

386 322 0108

Daytime Phone #

CR2E040 (7/03)