

1092

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 DEC 11 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA -

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

W06000051476

DOCUMENT # 769394

1. Corporation Name  
Miracle Strip Veterinary Medical Society

2. Principal Office Address  
900 Airport Road

3. Mailing Office Address  
900 Airport Road

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State  
Destin, FL

City & State  
Destin, FL

Zip Country  
32541 U.S.A.

Zip Country  
32541 U.S.A.

4. Date incorporated or Qualified To Do Business in Florida  
7-5-1983

5. FEI Number  
59-2951904

Applied For  
Not Applicable

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

REINSTATEMENT 6

7. Name and Address of Current Registered Agent

Name  
Kelly A. Haewler

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

Suite, Apt. #, Etc.

City  
Destin

State Zip Code  
FL 32541

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  
Kelly Haewler

Date 11-17-06

REGISTERED AGENT MUST SIGN

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
P	Natalie Dyson	1778 Seclark Lane	Navarre, FL 32566
VP	Kelly Haewler	900 Airport Rd	Destin, FL 32541

11/27/06--01045--019 \*\*682.50

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 contained in Chapter 118, 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: Kelly Haewler, Kelly Haewler 11-16-06 850-837-3227  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Airport Veterinary Clinic

Kelly A. Haeusler, D.V.M.

Zafz

11-16-06

To Dept of Corporations,

The Miracle Strip Veterinary Medical Association (769394 / 59-2951904)

did not receive notices informing us that our status needed to be renewed.

I respectfully request that the fees be waived. MSUMS did not receive the uniform business corporate annual reports from year 1996-2006.

I will be personally handling the account from now on as the registered agent, so send me the forms and I'll make sure the renewal gets done every year.

Fees	673.75
+ Reinstatement + Form	8.75
<u>Total</u>	<u>682.50</u>

enclosed, ck # 1170

Thank you!

Kelly Haeusler, DVM