

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Samuel B. McMan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *F13977*

1. Corporation Name

VETERINARY EMERGENCY CLINIC OF LAKE COUNTY, INC.

Principal Place of Business

Mailing Address

11645 N. Hwy. 441
Tavares, FL 32778

P. O. Box 507
Fruitland Park, FL 34731

REINSTATEMENT

FILED

98 JAN -2 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

4. Date Incorporated or Qualified
To Do Business in Florida

1-8-81

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2060387

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Jay H. Allen	Rt. 2, Box 246 K	Leesburg, FL 34748
S/T	Ferrell D. Young	1231 Hilltop E.	Fruitland Park, FL 34731
VP	Lewis A. Townsend	2710 Kurt Street	Eustis, FL 32726

3000002391133--9
-01/06/98--01069--012
****915.00 ****915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Jefferson G. Ray, III
851 N. Donnelly
Mt. Dora, FL 32757

Name

L. E. Taylor

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

1029 West Magnolia Street

Suite, Apt. #, Etc.

City

Leesburg

State

FL

Zip Code

34748

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

REGISTERED AGENT MUST SIGN

Date

12/24/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jay H. Allen Pres Jay H. Allen

12-30-97 324-8946

CRP0040 (12/96)