

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **F98000002103**

1. Corporation Name

YARBROUGH & RABENSTEIN, D.V.M., P.A.

2. Principal Office Address

127 Lancaster Road

Suite, Apt. #, etc.

3. Mailing Office Address

127 Lancaster Road

Suite, Apt. #, etc.

City & State

Freehold, N. J.

Zip

07728

Country

USA

City & State

Freehold, N. J.

Zip

07728

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/14/1998

5. FEI Number

22-2818264

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-12/05/01--01057--014
****750.00 ****750.00

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

Andrew T. Lavin, Esq.

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

2699 Stirling Road, Suite B-100

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33312

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

Andrew Lavin

Date

11/5/01

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 |
|--------|--------------------------------------|---|----------------------|
| D/P | Yarbrough, William | 2933 Oakbrook Drive | Weston, FL 33332 |
| D/VP | Rabenstein, Russell | 192 Fairhill Drive | Wilmington, DE 19808 |
| D/S | Yarbrough, Eileen | 2933 Oakbrook Drive | Weston, FL 33332 |
| T | Rabenstein, Renee | 192 Fairhill Drive | Wilmington, DE 19808 |
| | | | |
| | | | |

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 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:

W Yarbrough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/6/01

Daytime Phone #

(954) 647-1793

CR2E011 (9/00)