

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 20 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G-20141

1. Corporation Name
Zephyrhills Veterinary Clinic Inc.

2. Principal Office Address
8546 SR 159 N
Suite, Apt. #, etc.

3. Mailing Office Address
8546 SR 159 N
Suite, Apt. #, etc.

City & State
Bicknell, IN
Zip Country
47512 USA

4. Date Incorporated or Qualified To Do Business in Florida
1974

5. FEI Number
59-1399296
Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
James W Mason
Street Address (P.O. Box Number is Not Acceptable)
5655 Gall Blvd
Suite, Apt. #, Etc.
City
Zephyrhills
State
FL
Zip Code
33541
700009090477
11/20/02--01005--024 **190.00

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
James W Mason
REGISTERED AGENT MUST SIGN
Date 11-15-2002

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
pres	James W Mason	8546 SR 159 N	Bicknell, IN, 47512
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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: James W Mason James W Mason 11-15-2002 812-735-3180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)

11-15-2002

Dept of State
Div of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

I have moved to Indiana and did not receive the renewal notice for the corporation. I am asking that the late fees be waived. Enclosed is my check for \$150. - the corporations reinstatement.

James Maern, pres.
8546 SR 159 N
Bicknell, IN. 47512