

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 SR159 N

Suite, Apt. #, etc.

City & State

Bicknell, IN

Zip

47512

Country

USA

3. Mailing Office Address

8546 SR159 N

Suite, Apt. #, etc.

City & State

Bicknell, IN

Zip

47512

Country

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 SR159 N	Bicknell, IN, 47512

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