

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -2 PM 2:25

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G 47840

1. Corporation Name

Ronald C. Ballard, D.V.M., P.A.

600120762246
03/19/08--01040--029 **908.75

2. Principal Office Address - No P.O. Box #

3851 Wekiva Springs Rd
Suite, Apt. #, etc.

3. Mailing Office Address

3851 Wekiva Springs Rd
Suite, Apt. #, etc.

City & State

Longwood

City & State

Longwood

Zip

32779

Country

USA

Zip

32779

Country

USA

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

07/08/1983

5. FEI Number

59-2325219

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 Ronald C. Ballard, DVM

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

3851 Wekiva Springs Rd.

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32779

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Ronald C. Ballard

REGISTERED AGENT MUST SIGN

Date 3/31/08

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
<u>Officer</u>	<u>Ronald C. Ballard</u>	<u>2447 Bent Oak Dr.</u>	<u>Apopka, FL 32712</u>

REINSTATEMENT 03-08

B 4/2/08

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 119, 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:

Ronald C. Ballard, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/08
Date

(407)862-4466
Daytime Phone #