

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
00 OCT 26 AM 10:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

00

DOCUMENT # G48063

1. Corporation Name

LUTZ ANIMAL HOSPITAL, MARY A. LEISNER, V.M.D.,
P.A.

Principal Place of Business

Mailing Address

1841 LAKE HERON DR
LUTZ FL 33549

1841 LAKE HERON DR
LUTZ FL 33549

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

06/30/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2301800

Applied For

Not Applicable

City & State

City & State

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	4 City / State / Zip
DP	LEISNER, MARY	1841 LAKE HERON DR	LUTZ FL 33549
S	LEISNER, VINCENT J.	1730 US HWY 41 NORTH	LUTZ FL

000003464760--2
-11/15/00--01093--001
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEISNER, VINCENT J.
4625 VICTORIA ROAD
LAND O'LAKES FL 34639

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

9-20-00

11. 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:

Mary A. Leisner VMD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRES

Date

Daytime Phone #

KE
9-20-00

CR2E040 (8/00)