

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -1 PM 3:04

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

000172223810
03/15/10--01062--008 **308.75
CR2E081 (11/09)

DOCUMENT # 671947

1. Corporation Name

Bernard S. Myers, Dvm., P.A.

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

11109 Bridge House Rd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 616588

Suite, Apt. #, etc.

City & State

Windermere, FL

City & State

Orlando

Zip

34786

Country

Orange

Zip

32861

Country

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

1981

5. FEI Number

59-2351058

☒ 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

Bernard S. Myers

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

11109 Bridge House Rd

Suite, Apt. #, Etc.

City

Windermere

State

FL

Zip Code

34786

☒ 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

Bernard S. Myers DVM P.A.

Date

3-11-10

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
P.D.	Bernard S. Myers	11109 Bridge House Rd	Windermere, 34786
S.	Cheryl L. Myers	11109 Bridge House Rd	Windermere, 34786

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect
as if made under oath.

11. Bernard S. Myers Dvm P.A. DATE 3-11-10