

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 APR -5 AM 9:21

DOCUMENT # **G-94915**

1. Corporation Name

**Paul Slade Hayman, D.V.M., P.A.**

**REINSTATEMENT**

**00-07**

CR2E081 (1/07)

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

**330 HANCHEY RD.**

Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. Box 1499**

Suite, Apt. #, etc.

City & State

**WAUCHULA FL**

City & State

**WAUCHULA FL**

Zip

**33873**

Country

**HARDER**

Zip

**33873**

Country

**HARDER**

4. Date Incorporated or Qualified  
To Do Business in Florida

**3-31-1984**

5. FEI Number

**59-2380259**

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

**Reva V. Valentine**

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

**829 - D North Lanier Ave**

Suite, Apt. #, Etc.

City

**Fort Meade**

State

**FL**

Zip Code

**33841**

☒ 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

**Reva V. Valentine**

REGISTERED AGENT MUST SIGN

Date **3-29-07**

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
<b>DPV</b>	<b>Paul Slade Hayman</b>	<b>330 Hanchey Road</b>	<b>Wauchula FL 33873</b>

**400097316274**  
**04/18/07 01023 013 \*\*1200.00**

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:

**Paul Slade Hayman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3/30/07 863-773-9215**

Daytime Phone #

**DIVERSIFIED BUSINESS SERVICES  
829-D NORTH LANIER AVENUE  
FORT MEADE, FLORIDA 33841**

PHONE & FAX 863-285-8979

*Thursday, March 29, 2007*

*Slade,*

*I have filled out the reinstatement form for your corporation annual report. I have checked the box saying that you did not receive the notices, so that hopefully you won't have to pay the reinstatement fee of \$600.00.*

*You need to sign the form and mail a check in the amount of \$1200.00. I would recommend doing this as soon as possible. This is for the years 2000 to 2007, at \$150.00 per year, which is the annual fee for each of those years.*

*The last year filed was 1999. This was before we started doing your accounting work and tax preparation, which didn't start until 2001. Your previous registered agent was Jeff J. McKibben at 101 s ninth ave in Wauchula. He should have been the one to have received your notices. I have changed the registered agent to Yvonne. This way we will get the notices from now on.*

*Bruce*