PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Katherine Harris FOR Secretary of State \*REINSTATEMENT DIVISION OF CORPORATIONS 99 THEFT AT 6:34 r)4056 **DOCUMENT #** 1. Corporation Name  $_{\rm crit}$  1.0 $_{
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m crit}$ KENT E. FARKAS, D. V. M., P. A. Principal Place of Business Mailing Address 6041 E Trouble Creek Road New Port Richey, Fl 34653 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 Date Incorporated or Qualified
 To Do Business in Florida
 12 28 87 Suite, Apt. #, etc. Suite, Apt. #, etc. 5 FEI Number Applied For City & State 59-3167883 City & State Not Applicable CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each New Port Ricky F1 same 3465? Trouble Crock Rond Owner K E Farkas DVM **400002914984--**-06/24/99--01101--028 \*\*\*1500.00 <u>\*</u>\*\*\*1500.00 MENTSTATEMENT 94 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name K E Farkas DVM Streel Address (P.O. Box Number is Not Acceptable) 6041 E Trouble Creek Rd Suite, Apl. #. Etc. New Port Richey, Fl 34653 State 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 REGISTERED AGENT MUST SIGN 11. This corporation owes the current year (See other side for information on intang ble tax.) Intangible Personal Property Tax due June 30. 12. Locality that Lam 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. 6 7-49 727-846-88 SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR