

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # J67714

1. Corporation Name

EXTRA CARE ANIMAL HOSPITAL, INC.

2. Principal Office Address

11372 State Road 84

3. Mailing Office Address

11372 State Road 84

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Davie, FL

Zip

33325

Country

Broward

Zip

33325

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

4/16/1987

5. FEI Number

59-2809329

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

Mustafa Saleh

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

11372 State Road 84

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33325

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

Mustafa Saleh

REGISTERED AGENT MUST SIGN

Date 10/21/2000

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
PD	Mustaf Saleh	11372 SR 84	Davie, Florida 33325

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 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:

Mustafa Saleh

Mustafa Saleh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/2000 (954)

Date

Daytime Phone # 370-0203

CR2E081 (9/99)

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EXTRA CARE ANIMAL HOSPITAL

11372 St. Rd. 84
Davis, FL 33325
(305) 370-0203

DR. M. SALEH, Veterinarian.



October 21, 2000

Florida Secretary of State
Corporate Record Bureau
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Extra Care Animal Hospital, Inc.
Document Number: J67714

Dear Sir/Madam:

Enclosed is Application for Reinstatement for Extra Care Animal Hospital, Inc. Our office plaza that is our registered address has been undergoing renovations and we have experienced sporadic mail interruptions over the past six months. We never received the 2000 Annual Report in the mail and I was just notified that the company was administratively dissolved less than 30 days ago.

By this letter, we are requesting that you waive the penalty fee for reinstating the company since we did not receive the Annual Report and the penalty is a considerably large sum for us. We have enclosed a check in the amount of \$150 to cover the normal Annual Report fee.

Thank you in advance.

Sincerely,

Mustafa Saleh
President and Registered Agent