

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02-03  
CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY 22 AM 7:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 367714

1. Corporation Name

Extra Care Animal Hospital, INC

2. Principal Office Address

950 South Flamingo Road

Suite, Apt. #, etc.

City & State

Davie, Florida

Zip

33325

Country

U.S.A.

3. Mailing Office Address

950 South Flamingo Road

Suite, Apt. #, etc.

City & State

Davie, Florida

Zip

33325

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2809-329

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)

681 N.W. 133rd way

Suite, Apt. #, Etc.

City

Plantation

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

Mustafasaleh

REGISTERED AGENT MUST SIGN

Date 2/18/03

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
Practice Manager	Rahman Saleh	681 N.W. 133rd way	Plantation / FL / 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:

Mustafasaleh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/03

Date

(954) 370-0203

Daytime Phone #

CR2E081 (9/01)

## Extra Care Animal Hospital

950 South Flamingo Road

Davie, FL 33325

Phone: (954) 370-0203 Fax: (954) 370-3361



February 25, 2003

To whom it may concern:

This letter is per request of the Corporation Reinstatement division of the Florida Department of State. As we have not received any 2002 Uniform Business Reports advising us of renewing our corporation, we were asked to send this letter stating so. We were a bit surprised that such an important document as a Corporation Renewal would not have been sent with some type of signature verification of having received it. Instead we had a lapse in our time under incorporation and just happened to be lucky that a vendor we readily work with advised us of the matter. We hope this letter and our check is sufficient in reinstating our corporation as soon as possible. If you have any questions please feel free to contact me as soon as possible.

Practice Manager,

Rahman Saleh