

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

File 1st

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 NOV -7 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # KO7050

1. Corporation Name

EDWARD C. DWORKIN, DVM, PA

2. Principal Office Address

253 LIVERPOOL COVE

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

Zip

32779

Country

SEMINOL

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/14/87

5. FEI Number

59-2862884

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

EDWARD C. DWORKIN

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

253 LIVERPOOL COVE

Suite, Apt. #, Etc.

City

LONGWOOD

State

FL

Zip Code

32779

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

Edward C. Dworkin

Date 11-3-2000

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
Pres	EDWARD C. DWORKIN	253 LIVERPOOL COVE	LONGWOOD, FL 32779

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward C. Dworkin

Date

11-3-2000

Daytime Phone #

407-869-9261

CR2E081 (9/99)

Page 2 of 2

Edward C. Dworkin, D.V.M., P.A.  
253 Liverpool Cove  
Longwood, Florida 32779  
407-869-9261  
November 3, 2000

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Attention: Reinstatement Department

Yesterday we contacted our lawyer to make some changes in our Corporation and we were notified that our corporation had been dissolved. After careful consideration of what might have happened, we realized that our Annual Report must have been sent to our old office.

In May 1999, we sold our business dba "Brantley Animal Medical Center". This business was located at 1090 West State Road 436, Alt. Spr., Florida. Apparently the new owner never felt it necessary to forward our mail. I know that you must have sent late reminders on our Annual Report however, we never received any of these either. Please look at our record in the past. You will note that from our initiation in December 1987, we never had a late filing of the Annual Report.

I am enclosing a check, in the amount of \$150.00 in the hope that you will reinstate our corporation for its initial fee. I don't know why this Annual Report was not forwarded to us at our current address listed above.

Sincerely,



Edward C. Dworkin, D.V.M.  
EIN 59-2862884  
Corporation # K07050