

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED


06 SEP 15 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 0506



09052006 REIN-P CR2E098 (11/05)

DOCUMENT # K82999					
1. Entity Name ANIMAL LOVER'S PET HOSPITAL, P.A.					
Principal Place of Business C/O CAMPAGNA, PHYLLIS, DVM 107 W ROBERTSON STREET BRANDON, FL 33511			Mailing Address C/O CAMPAGNA, PHYLLIS, DVM 107 W ROBERTSON STREET BRANDON, FL 33511		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. 715 W. Lumsden Rd			Suite, Apt. #, etc. 715 W. Lumsden Rd		
City & State Brandon Florida			City & State Brandon Florida		
Zip 33511-6261		Country USA	Zip 33511-6261		Country USA
4. FEI Number 59-2945131			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CAMPAGNA, PHYLLIS DVM C/O ANIMAL LOVER'S PET HOSPITAL, PA 107 WEST ROBERTSON ST. BRANDON, FL 33511			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>Phyllis M. Campagna DVM</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: <u>9/13/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CAMPAGNA, PHYLLIS DVM 3813 UPLAND PLACE VALRICO, FL 33594	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400079939714 09/19/06--01012--014 **300.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Phyllis M. Campagna DVM</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>9/13/06</u> <small>(43) or 259996 6548382</small>		