

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 SEP 17 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **1K97475**

1. Corporation Name
All Creatures Veterinary Clinic, P.A.

Principal Place of Business
**3133 S. Ridgewood Avenue
South Daytona, FL 32119**

Mailing Address
Same

REINSTATEMENT

90-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| | | | | | |
|--|---------|--|---------|---|--|
| 2. New Principal Office Address, If Applicable N/A | | 3. New Mailing Office Address, If Applicable N/A | | 4. Date Incorporated or Qualified To Do Business in Florida 6/22/89 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number 59-2974208 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|-------------------------|
| Pres. | Thomas A. Freiberg | 3133 S. Ridgewood Avenue | South Daytona, FL 32119 |
| Sec. | Jennifer L. Freiberg | 3133 S. Ridgewood Avenue | South Daytona, FL 32119 |
| | | | |
| | | | |
| | | | |

300002643783--7
-09/18/98--01086--006
*****1772.50 ***1772.50**

8. Name and Address of Current Registered Agent

Thomas A. Freiberg
3133 S. Ridgewood Avenue
South Daytona, FL 32119

9. Name and Address of New Registered Agent

Name **same**
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State **FL** 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 **[Signature]**
REGISTERED AGENT MUST SIGN

Date **9-11-98**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

(12) 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]** / **Thomas A. Freiberg** Date **9-11-98** Daytime Phone # **(904) 788-1990**

CP2E040 (12/96)