

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **K97475**

1. Corporation Name  
**ALL CREATURES VETERINARY CLINIC, P.A.**

FILED  
 01 NOV -5 AM 9:10  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address

2911 S. RIDGEWOOD AVENUE  
 SOUTH DAYTONA FL 32119

22911 S. RIDGEWOOD AVENUE  
 SOUTH DAYTONA FL 32119

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida  
**06/22/1989**

5. FEI Number  
**59-2974208**

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$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 | 4 City / State / Zip  |
|--------------|-------------------------------------|--|---|
| P/S          | FREIBERG, THOMAS A                  | 2911 S. RIDGEWOOD AVENUE                         | SOUTH DAYTONA FL 32119  |
| <del>S</del> | <del>FREIBERG, JENNIFER L</del>     | <del>2911 S. RIDGEWOOD AVENUE</del>              | <del>SOUTH DAYTONA FL 32119</del>                                 |
|              |                                     |  | 600004706266--0<br>-12/05/01--01062--006<br>****750.00 ****750.00 |
|              |                                     |  | <b>REINSTATEMENT 01</b>   |

8. Name and Address of Current Registered Agent

FREIBERG, THOMAS A  
 2911 S. RIDGEWOOD AVENUE  
 SOUTH DAYTONA FL 32119

9. Name and Address of New Registered Agent

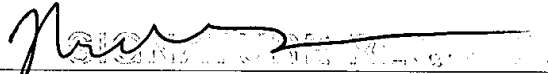
Name

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

Suite, Apt. #, Etc.


City State Zip Code  
 FL

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  Date **10/31/01**

REGISTERED AGENT MUST SIGN

11. 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:  Date **10/31/01** Daytime Phone # **386-788-1990**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)