PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE Socretary of State DAMINO OF CORPORATIONS 14 JUN 16. AM 10: 46 SERICARY OF STATE FALL HARSEY FLORIDA 15 SERICARY OF STATE FALL HARSEY FLORIDA SERICARY OF STATE FALL HARSEY FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT 14 JUN 16. AM 10: 46 SERICARY OF STATE FALL HARSEY FLORIDA CREENING			- / 100 11 10			<u> </u>					
1. Limited Lability Company's Name Kings ley Animal Hospital LL.C. 2. Principal Ciffice Address: No P.O. Box # 3. Mailing Office Address 10.70 Kingsley HE 1	COMPANY				Secretary of State			_			
Kingsley Animal Hospital U.L. C. 2. Principal Office Address - No P.O. Box #							SECRETARY OF STATE TALLAHASSEE, FLORIDA				
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DOTO Kingsky ARE 10.70 Kingsky ARE 4. State/Country of Formation FURCION Sulta, Apit. 8, soc.	2 Principal Office Address No B.O. Pay # 3 Mailing Of				fice Address			CR2E041 (1/14)			
S. Date Cognitive of Cullified and Cullified To Do Business in Florids 3 14 2009 Apolled For Status Desired From the City & State							A State/Country of Formation				
City & State Ci	Sulte, Apt. #, etc.	Suite, Apt. #, 6	uite, Apt. #, etc.								
DANGE PARK FLORIDA DRAGE PARK FLORIDA B. Name and Address of Current Registered Agent Name LAREN FLORIDATE AND FLORIDATE Steal Address (P.O. Bion Number is Not Acceptabile) DRAGE PARK FLORIDATE Steal Address (P.O. Bion Number is Not Acceptabile) DRAGE PARK FLORIDATE Steal Address (P.O. Bion Number is Not Acceptabile) DRAGE PARK FLORIDATE Steal PARK PARK FLORIDATE Authorized Representatives City State / Zip Authorized Re							5. Date Organized or Qualified				
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32073 US 32073 US CERTIFICATE OF STATUS DESIRED B \$\frac{\$500 Agentonate Fee requirement of Status}{fee & Certificate of Status}\$ 8. Name and Address of Current Registered Agent Name: KAREN FIEDENTRISEN	ORANGE PARK, FLORIDA		DRAJGE PARK, FLORIDA			2104					
8. Name and Address of Current Registered Agent Name KAREN FUEDENTARSEN Street Address (P.O. Box Number is Not Acceptable) 3759 BRANDY BUCK TV. Sulte, Apt. V. Etc. City State 2ip Code FL 32223 9. Liveng appointed the registered agent of the ghove named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Name and Street Addresses of Authorized Representatives/ Name of Authorized Representatives/ Managers Name of Authorized Representatives/ Managers Name of Authorized Representatives/ Managers Name of Authorized Representatives/ Name of Authorized Representatives/ Managers Name of Authorized Representatives/ Name of State Authorized Representatives/ Managers Name of State Authorized Representatives/ Name of State Authorized Representatives/ Name of State Authorized Representatives/ Managers Name of State Authorized Representatives/ Name of			1 .	,]		•	7.	/	55.00 Admitic		
Name .	32073				_	>	CERTIFICATE O	F STATUS DESIRED			
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3759 BRANDY BUCK TZ. Suite, Apt. # Etc. City State State State Size Code FL 32223 9. I. being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent 10. Names and Street Addresses of Authorized Representatives/ Authorized Representatives/ Managers Name of Authorized Representatives/ Managers Name of Each Authorized Representatives/ Managers Name of Each					nEN .						
Suite, Apt. #. Etc. City State Zip Code The State Zip Code State Zip Code State Zip Code The Stat	Street Address (P.O. Box Number is Not Acceptable)						_200260561172				
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Signature of Registered Agent	•							U6/16/14U1U44U1U **416.25			
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Authorized Representatives/ Manager Dener Thomas A. Fredenhagen 2759 Remay Buck Te. Jacksmuilk Ft 32223 Dener Register and Service Te. Jacksmuilk Ft 32223 L. SELLERS REINSTATEMENT Out 2014 11. E-mail Address: Tom Kare 24 & Act. Com (To be used for future annual report notifications) 12. I certify that I am an authorized representative/manager or the receiver or irustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817, 155, F.S.	10. Names an	d Street Addresses of Authorized i	Representatives/M	lanagers							
WAS Karen FREIZENHAGEN 2759 BEANOUPSUGIL TK Jacksmulic FL 32223 UN 1 9 2014 L. SELLERS REINSTATEMENT COLL COM (To be used for future annual report notifications) 12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012. F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Opparyment of State constitutes a third degree fellony as provided in s. 817.155, F.S.	Titles	Authorized Representatives/				thorized Representa	, City / State / Zip				
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Signature of Authorized Representative/Manager X arm Fredering Date 5-19-14 Daytime Phone # 904-248-2745											

Typed or printed name of signing Authorized Representative/Manager