

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Clendy E. H. Jr.
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 NOV 24 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000032744

Name and Mailing Address

0010064 01 AT 0.292 **AUTO T6 0 0615 33759-133425

METZLER VETERINARY HOSPITAL, PL
2454 MCMULLEN BOOTH ROAD, STE. 100
CLEARWATER FL 33759-1334



2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/06/2002	
Principal Place of Business 2454 MCMULLEN BOOTH ROAD, STE. 100 CLEARWATER FL 33759	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 03-0496755	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent SCHULER, TIMOTHY C 9075 SEMINOLE BLVD. SEMINOLE FL 33772	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200024186122 City 10/28/03 01010 004 FL **150-00
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date 10-23-03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Douglas R. Metzler	2454 McMullen Booth Road Suite 100	Clearwater, FL 33759

REINSTATEMENT 2003

12. I certify that I am managing member/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 608.406, 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.

Signature of Managing Member/Manager Douglas R. Metzler MGRM Date 10-21-03 Daytime Phone # 727-669-7221

Typed or printed name of signing Managing Member/Manager