

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

98 OCT -2 11:05

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # W11634

1. Corporation Name
Community Animal Hospital of Dade W18-22254

Principal Place of Business Mailing Address
20290 N.W. 2nd Ave.
Miami, FL 33169

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>65-0139679</u>	
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	

96-98

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
President	<u>Pasenio, Mary, Schoolley</u>	<u>2244 S.W. 182nd way</u>	<u>33029</u> <u>Miramar FL</u>
			<u>100002660961--9</u> <u>10/09/98--01091--015</u> <u>***1050.00 ***1050.00</u>

REINSTATEMENT 96-98
9-10-2-98

8. Name and Address of Current Registered Agent

Pasenio, Mary, Schoolley
2244 S.W. 182nd Way
Miramar, FL 33029

9. Name and Address of New Registered Agent

Name
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 Mary Schoolley, D.M.
REGISTERED AGENT MUST SIGN

Date 9/11/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Mary F. Schoolley MARY F. SCHOOLLEY 9/11/98 305.652.6670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CS2E040 (1-98)