

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 AUG 11 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L/6248

1. Corporation Name

FAMILY ANIMAL THERAPY CENTER INC

2. Principal Office Address

704 W. LUMSDEN Rd

Suite, Apt. #, etc.

City & State

Brandon FL

Zip

33511

Country

Hillsborough

3. Mailing Office Address

704 W. LUMSDEN Rd

Suite, Apt. #, etc.

City & State

Brandon FL

Zip

33511

Country

Hillsborough

**4. Date Incorporated or Qualified
To Do Business in Florida**

9-13-89

5. FEI Number

59-2966143

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

2002-05 Reinst

7. Name and Address of Current Registered Agent

Name

Juanes Riveria

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

704 W. LUMSDEN Rd

Suite, Apt. #, Etc.

City

Brandon

State

FL

Zip Code

33511

400058476334

08/11/05--01026--005 **608. '5

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

8/2/05

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Presid	Juanes Riveria	704 W. LUMSDEN Rd	Brandon FL 33511
V.P.	Jenny Orellana	" "	" "

[Signature]
8/15

10. 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:

Jenny Orellana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/05

Date

Daytime Phone #

CR2081 (01/05)