

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 DEC 20 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L39808

1. Corporation Name

Danise S. Martinez, D.V.M., P.A.

2. Principal Office Address - No P.O. Box #
16065 SandHill Road

Suite, Apt. #, etc.

3. Mailing Office Address
16065 SandHill Road

Suite, Apt. #, etc.

City & State
Winter Garden, Florida

Zip
34787

Country
USA

City & State
Winter Garden, Florida

Zip
34787

Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida **01/01/90**

5. FEI Number
592981517

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Danise S. Martinez

Street Address (P.O. Box Number is Not Acceptable)
16065 SandHill Road

Suite, Apt. #, Etc.

City
Winter Garden

State
FL

Zip Code
34787

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 *Danise S. Martinez*

REGISTERED AGENT MUST SIGN

Date **December 17, 2007**

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
P	Danise S. Martinez, D.V.M.	16065 SandHill Road	Winter Garden, FL 34787

600113299546
12/20/07--01009--025 **1208.75

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 contained in Chapter 119, 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: *Danise S. Martinez DVM* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/2007

Date

4076542287

Daytime Phone #

2082



December 17, 2007

Dear Secretary of State,

Enclosed please find the Corporation
Reinstatement form and my check for
\$1208.75.

I contacted your office on Friday,
December 14th, in order to get the
correct information. Since I had not
received any annual report notices the
woman I spoke to instructed me to
make the check out for \$1200.00.

I have also included \$8.75 for a
Certificate of Status.

Sincerely
Darius B Martiny Dm
407-654-2287