

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN -4 PM 12:55

DOCUMENT # L96000001078

1. Limited Liability Company's Name

TROPICAL VETS, LC

2. Principal Office Address

370 NW 103RD STREET

Suite, Apt. #, etc.

N/A

City & State

MIAMI, FL

Zip

33150

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

N/A

City & State

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

9/15/1996

6. FEI Number

65-0715201

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

ALAN E. STANIER, CPA

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

6660 NW 182 WAY

Suite, Apt. #, Etc.

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***150.00 ***150.00

City

PEMBROKE PINES

State

FL

Zip Code

33029

9. 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]
REGISTERED AGENT MUST SIGN

Date 10/26/01

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	MENDEZ, GERMAN	14665 GARDEN DRIVE	MIAMI, FL 33168
			Rein \$100.00
			UBR 50.00
			150.00
			nc

REINSTATEMENT 2001

11. I certify that I am managing member/manager of 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

[Signature]

Date 10/27/01

Daytime Phone #

305 758 5592

Typed or printed name of signing Managing Member/Manager

GERMAN MENDEZ

CR2E041 (9/01)