

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
John W. Smith
Secretary of State
DIVISION OF CORPORATIONS

L96000001078

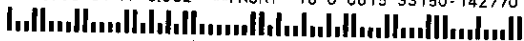
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L96000001078

Name and Mailing Address

0002338 01 FP 0.352 **PRSRT T8 O 0615 33150-142770



TROPICAL VETS L.C.
570 N.W. 103RD STREET
NORTH MIAMI FL 33150-1427

MJH



11/13 2002

2. New Mailing Address

City, State, Zip

Principal Place of Business

570 N.W. 103RD STREET
NORTH MIAMI FL 33150

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

09/15/1996

6. FEI Number

65-0715201

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

STANSER, ALAN E
660 NW 182 WAY
PEMBROKE PINES FL 33029

9. Name and Address of New Registered Agent

Name

ADALBERTO LOPEZ

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

10871 NW 4TH DR

City

CORAL SPRINGS

FL

Zip Code

33071

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

REGISTERED AGENT MUST SIGN

Date 11/9/02

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
MEM	MENDEZ, GERMAN	14865 GARDEN DRIVE	MIAMI FL 33188

600008963026
11/13/02--01039--007 **150.00

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

Date 11/9/03

Daytime Phone # (305) 754-7000

Typed or printed name of signing Managing Member/Manager GERMAN MENDEZ

CR2E084 (8/02)