

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000062775

1. Corporation Name

AUSSIE ANIMAL HOSPITAL OF MIAMI BEACH, INC.

Principal Place of Business

453 ARTHUR GODFREY ROAD
MIAMI BEACH FL 33140

Mailing Address

453 ARTHUR GODFREY ROAD
MIAMI BEACH FL 33140

FILED
01 NOV -9 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

01

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

06/28/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-6102404

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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

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	4 City / State / Zip
D	MORNANA, PATRICK V	453 ARTHUR GODFREY ROAD	MIAMI BEACH FL 33140
D	SCHLIEFERT, KATHERINE E	453 ARTHUR GODFREY ROAD	MIAMI BEACH FL 33140

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12/04/01-01005-006
***750.00 ***750.00

8. Name and Address of Current Registered Agent

LEGAL SERVICE CORPORATION OF MIAMI
9260 SUNSET DRIVE
SUITE 119
MIAMI FL 33173

9. Name and Address of New Registered Agent

Name Dr. Patrick Mornana
Street Address (P.O. Box Number is Not Acceptable) 453 Arthur Godfrey Rd
Suite, Apt. #, Etc. M. Beach
City Miami Beach State FL Zip Code 33140

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

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/15/01

11. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-01 305-535-4695

Date Daytime Phone #

CRF040 (8/01)