

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P01000094658**

1. Corporation Name
HAMBLETON VETERINARY ASSOCIATES, P.A.

Principal Place of Business Mailing Address
 P. O. BOX 5 P. O. BOX 5
 REDDICK FL 32686 REDDICK FL 32686

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

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **09/25/2001**
 5. FEI Number **59-3751572** Applied For Not Applicable
 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

FILED
 02 OCT 30 AM 9:29
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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
P/S/T	Peter L. Hambleton	13251 County Rd 320	Micanopy, Florida 32667

600008694086
 10/30/02--01032--021 **150.00

8. Name and Address of Current Registered Agent

~~MALDIN, WILLIAM C JR.~~
~~808 SE FT. KING ST.~~
~~GALA FL 34471~~

9. Name and Address of New Registered Agent

Name **Peter L. Hambleton**
 Street Address (P.O. Box Number is Not Acceptable) **13251 County Rd. 320**
 Suite, Apt. #, Etc.
 City **Micanopy** State **FL** Zip Code **32667**

CR2E040 (802)

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. or 617.0505, F.S.

Signature of Registered Agent 
 REGISTERED AGENT MUST SIGN

Date **October 29, 2002**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 29, 2002 352-843-1390
 Date Daytime Phone #

PETER L. HAMBLETON, M.S., D.V.M.

Equine Veterinary Services
P.O. Box 5
Reddick, Florida 32686
(352) 622-2249 Business Office

October 29, 2002

**Department Of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314**

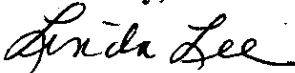
**Re: P01000094658
Application for reinstatement**

Dear Sir or Madam:

In reference to a phone conversation on October 29, 2002 to Mr. Shawn. I told him we have not received any notices from the Department of State for renewal. I have talked to our Registered Agent Mr. William Haldin on this issue to find out if he had received any notice on this, they also said they had not received any notice.

I am enclosing the application and a check for the amount of \$ 150.00 per Mr. Shawn to the Department of State, Due to not receiving a prior notice for renewal.

Sincerely,



**Linda Lee, Office Manager
Peter L. Hambleton D.V.M.**