

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P01000102164*

1. Corporation Name

Healthy Pets Veterinary Hospital

2. Principal Office Address

4880 W Colonial Dr

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32808

Country

USA

3. Mailing Office Address

116 N Oak St

Suite, Apt. #, etc.

City & State

West Chicago, IL

Zip

60185

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/2001

5. FEI Number

59-3753418

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED

03 NOV 14 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

01-

03

7. Name and Address of Current Registered Agent

Name

John P Clifton, DVM

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

4880 W Colonial Dr

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32808

500024164725

*10/27/03--01049--020 **150.00*

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

John P Clifton, DVM, RA

REGISTERED AGENT MUST SIGN

Date

Oct 25, 2003

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
<i>MD</i>	<i>John P Clifton, DVM</i>	<i>4880 W Colonial Dr Orlando, FL</i>	<i>Orlando, FL 32808</i>

500024164725

*11/14/03--01023--005 **150.00*

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 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:

John P Clifton, DVM, RA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John P Clifton, DVM, RA

Date

10/25/2003 407-292-5900

Daytime Phone #

CR2E081 (10/02)