

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

02 DEC -5 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000103804**

**1. Corporation Name**

**ALL CARE ANIMAL HOSPITAL, P.A.**

**2. Principal Office Address**

**504 S. U.S. Highway 27**

Suite, Apt. #, etc.

City & State

**Minneola, Florida**

Zip

Country

**34755**

**Lake**

**3. Mailing Office Address**

**P. O. Box 59**

Suite, Apt. #, etc.

City & State

**Minneola, Florida**

Zip

Country

**34755**

**Lake**

**4. Date Incorporated or Qualified To Do Business in Florida**

**effective 10/19/01  
October 25, 2001**

**5. FEI Number**

**59-3756087**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

**\$375 Additional Fee required for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

**Dwain E. Zagrocki**

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

**504 S. U.S. Highway 27**

Suite, Apt. #, Etc.

City

**Minneola,**

State

**FL**

Zip Code

**34755**

**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

*Dwain E. Zagrocki*

**President**

Date

*Dec 2nd*

**2002**

REGISTERED AGENT MUST SIGN

**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
P/S/D	<b>Dwain E. Zagrocki</b>	<b>504 S. U.S. Highway 27</b>	<b>Minneola, FL 34755</b>

**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:**

*Dwain E. Zagrocki*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President**

Date

*12-2-*

**2002**

Daytime Phone #

**352-394-7444**

CR2E081 (9/01)

LAW OFFICES  
OF  
LAWRENCE E. DOLAN, P. A.  
ATTORNEY AT LAW  
500 EAST JACKSON STREET  
ORLANDO, FLORIDA 32801

LAWRENCE E. DOLAN

November 26, 2002

407-841-7300  
FAX 407-841-7304

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: All Care Investments, Inc.  
All Care Animal Hospital, P.A.

Dear Sir/Madam:

The above two corporations were dissolved in error due to the annual report notices being mailed to the street address of the business rather than the post office address and the officers did not receive the annual reports for a timely filing.

Reinstatement notices have been filled out and are enclosed along with the annual report fee for each corporation totalling \$300.00. We were advised that the reinstatement fee would be waived if the notices were not received by the corporation for a timely filing.

Please advise the undersigned if the above is not in order.

Thank you for your attention to these reinstatements.

Very truly yours,

LAWRENCE E. DOLAN, P.A.

*Lawrence E. Dolan*  
LAWRENCE E. DOLAN *en*

LED:ln  
Enclosures  
cc: Mr. and Mrs. Dwain Zagrocki