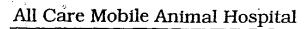
10f2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | | FILED 04 HAY 25 PH 5: 33 | | | | |
|--|-----------------------------------|--|---|--|---|----------------------------------|---|--|--------------------------------|-----------------|
| DOCUMENT # P01000103804 1. Corporation Name All Care Animal Hospital PA | | | | | | SEC TALL | RETAT AHAS | RY OF STATE STELFLORIDA | į | |
| 504 S Hwy 27 P.O. Box 59 2. Principal Office Address 504 S Hwy 27 Suite, Apt. #, etc. | | | 3. Mailing Office Address P.O. Box 59 Suite, Apt. #, etc. | | | 06/03. | A | 376224 01018020 ENEN | 57 **600.00 |) U |
| City & State Minneola, FL | | | City & State | City & State Minneola, FL | | | To Do Business in Florida 10-25-01 5. FEI Number Applied F | | | |
| Zip 34755 | Court | • | Zip 34755 | Country USA | | 6. CERTIFICATE OF STATUS DESIRED | | | Not Applica Additional Fee req | uired |
| | | | 7. | Name and Address of Cur | rent Registered | Agent | | <u></u> | | |
| 8, I, being Signature o Registered | n . (1) | | 200x | oration, am familiar with and | d accept the obli | gations of section | | Zip Code 34755 05 or 617.0503, F.S. 5/20/04 | | CR2EOS1 (01/04) |
| 9. Names | and Street Address | | and/or Director (F | lorida nonprofit corporations | | t 3 directors) | | | | |
| Titles | Name of Officers and/or Directors | | | Street Address of Each Officer and/or Director | | | City / State / Zip | | | |
| Pres | Dwain E Zagrocki | | | 504 S Hwy 27 | | | Minneola, FL 34755 | | | |
| VP | Laura Zagrocki | | | 504 S Hwy 27 | | | Minneola, FL 34755 | | | |
| | | *** | | | *************************************** | | | | | |
| | 6 | | | | | ! | | | | |
| | <u>:</u> | | | | | | ļ | | | |
| this rei | instatement application ha | on, the reason for d ve been paid and t | lissolution has bee he names of indiv | empowered to execute this a en eliminated, the corporate iduals listed on this form do | name satisfies the | ne requirements exemption und | of section | 1 607.0401 or 617.0401 | , F.S., that all fees | Š |
| on this | application is true ar | id accurate, and m | y signature shall f | nave the same legal effect a | s ir mage under (| oath. | | | | ł |





Dwain E. Zagrocki, D.V.M.

Post Office Box 59 Minneola, FL 34755 352-394-7444

May 20, 2004

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

We did not receive any notification for reinstatement and would like the late fees waived

Sincerely,

Dawn Howell

All Care Animal Hospital

aum House Ol

Business Manager

P.O. Box 59

Minneola, FL 34755