

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 25 PM 5:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000103804

1. Corporation Name

All Care Animal Hospital PA

504 S Hwy 27
P.O. Box 59

2. Principal Office Address

504 S Hwy 27

Suite, Apt. #, etc.

City & State

Minneola, FL

Zip

34755

Country

USA

3. Mailing Office Address

P.O. Box 59

Suite, Apt. #, etc.

City & State

Minneola, FL

Zip

34755

Country

USA

700037622457
06/03/04--01018--020 **\$600.00

REINSTATEMENT

03-04

**4. Date Incorporated or Qualified
To Do Business in Florida 10-25-01**

**5. FEI Number
59-3756087**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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 Hwy 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
REGISTERED AGENT MUST SIGN

Date 5/20/04

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
Pres	Dwain E Zagrocki	504 S Hwy 27	Minneola, FL 34755
VP	Laura Zagrocki	504 S Hwy 27	Minneola, FL 34755

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

5/20/04

Date

352-394-7444

Daytime Phone #

CR2001 (01/04)



All Care Mobile Animal Hospital

20fz
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

Dawn Howell
All Care Animal Hospital
Business Manager
P.O. Box 59
Minneola, FL 34755