

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000106744

1. Corporation Name

LITTLE ANIMAL HOSPITAL, INC.

Principal Place of Business

11014 LITTLE RD.
NEW PORT RICHEY FL 34654

Mailing Address

11014 LITTLE RD.
NEW PORT RICHEY FL 34654

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

11/01/2001

5. FEI Number

37-1430647

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	COX, THERESA L	8830 BASS LAKE DR.	NEW PORT RICHEY FL 34654
S	STERLING, PATRICIA A	11014 LITTLE RD.	NEW PORT RICHEY FL 34654

900008626819
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810/31

8. Name and Address of Current Registered Agent

COX, THERESA L
8830 BASS LAKE DR.
NEW PORT RICHEY FL 34654

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-22-02

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)(l), 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 REQUIRED

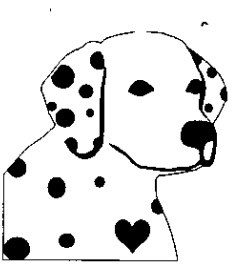
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-02

Date

Daytime Phone #

CR2ED40 (9/02)



LITTLE ANIMAL HOSPITAL

"Taking care of the little things"

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

RE: REINSTATEMENT OF CORPORATE STATUS

Jim Smith,

We are writing to request reinstatement under corporate status. It is with deepest regret that this situation went so far before being brought to our attention. Due to legalities pending with our prior corporations and previous partners, no notice of this uniform business report was ever received. You now have the correct address and FEIN number for our corporation.

We sincerely apologize for any inconvenience this may have caused on your behalf.

Sincerely,

Theresa L. Cox, President

Patricia A. Sterling, Secretary

Dr. Patricia Sterling