

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000038922

1. Corporation Name

GREG BONENCLARK, D.V.M., P.A.

Principal Place of Business

Mailing Address

~~8905 SOUTHEAST 19TH AVENUE~~
~~OCALA FL 34480~~

~~8905 SOUTHEAST 19TH AVENUE~~
~~OCALA FL 34480~~

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

2901 SW 41st ST.

PO Box 772338

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APARTMENT # 2913

OCALA, FL

City & State

City & State

OCALA, FL

Zip

Country

34474

USA

Zip

Country

34474

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/2002

5. FEI Number

224909098

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|---|------------------------------------|
| D | BONENCLARK, GREG D | 8905 SOUTHEAST 19TH AVENUE 2901 SW 41 st ST 2913 | OCALA FL 34480 34474 |
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BONENCLARK, GREG DVM
8905 SOUTHEAST 19TH AVENUE
OCALA FL 34480

Name

BONENCLARK

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

Gy Bonenclark

REGISTERED AGENT MUST SIGN

Date 10/29/03

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)(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:

Gy Bonenclark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/03

Daytime Phone #

817-0486

CR2E040 (7/03)

(EMPLOYEE FILED #)
03 DEC 2 2003
EIN 22-0049756
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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