

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

03 OCT 24 PM 6:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000126341

1. Corporation Name

CLINICAL PET OF LAKE CITY, INC.

Principal Place of Business

Mailing Address

~~XXXX SOUTHWEST 82ND DRIVE~~  
~~GAINESVILLE FL 32608~~

~~XXXX SOUTHWEST 82ND DRIVE~~  
~~GAINESVILLE FL 32608~~

REINSTATEMENT 2003

900024082859  
10/24/03--01024--027 \*\*750.00

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

4. Date Incorporated or Qualified  
To Do Business in Florida

12/01/2002

484 S.W. Commerce Drive  
Suite, Apt. #, etc.

484 S.W. Commerce Drive  
Suite, Apt. #, etc.

5. FEI Number

Applied For

35-2192163

Not Applicable

City & State

City & State

Lake City, FL 32025

Lake City, FL 32025

Zip

Country

Zip

Country

32025

USA

32025

USA

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	ARORA, GANESH	1716 SOUTHWEST 82ND DRIVE	GAINESVILLE FL 32608

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KRUEGER, SCOTT D  
2750 NW 43RD STREET, SUITE 201  
GAINESVILLE FL 32606

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

10/22/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (7/03)