

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 APR 15 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000039302

1. Corporation Name

R T VETERINARY SERVICE, INC.

2. Principal Office Address - No P.O. Box #

850 NW 87TH AVENUE

3. Mailing Office Address

850 NW 87TH AVENUE

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

104

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33172

Country

USA

Zip

33172

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/11/06

5. FEI Number  
20-4518693

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  
RAMON E TERUEL

Street Address (P.O. Box Number is Not Acceptable)  
850 NW 87TH AVENUE

Suite, Apt. #, Etc.  
104

City  
MIAMI

State  
FL

Zip Code  
33172

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 04/06/09

REGISTERED AGENT MUST SIGN

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
P	RAMON E TERUEL	850 NW 87TH AVENUE	MIAMI, FL 33172

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 contained in Chapter 119, 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

04/06/09

Date

305-338-9389

Daytime Phone #

11500