

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

18 MAR -2 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

200810011402

CR2B081 (11/10)

**DOCUMENT #** P08000003689

1. Corporation Name

East Coast Vetcare Inc.

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

1551 W. Copans Road

Suite, Apt. #, etc.

Suite 105

City & State

Pompano Beach, FL

Zip

33064

Country

USA

3. Mailing Office Address

60 Rodeo Drive

Suite, Apt. #, etc.

City & State

Brentwood, NY

Zip

11717

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/10/2008

5. FEI Number

26-1836176

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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 James M. Halpin James M. Halpin - Assistant Secretary

Date

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
Dir	Todd Shelton, Pres & CEO	3747 Hicktown Road	Easton, PA 18045
Dir	Frederick Schober	Same	

10. E-mail Address: jason.vaudes@phillipspe.com

(To be used for future annual report notification)

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 using 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

**SIGNATURE:**

Todd Shelton

Todd Shelton

NAME OF SIGNING OFFICER OR DIRECTOR

3/1/2018

Date

Daytime Phone #

Timmer  
3/1/18

# CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

**Date:** 3/2/18

Acc#I20160000072



Name:	East Coast Venture Inc.
Document #:	vetcare
Order #:	10863264

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing:	<u>Certified</u>
	Plain:
	COGS:

Availability	_____
Document	_____
Examiner	_____
Updater	_____
Verifier	_____
W.P. Verifier	_____
Ref#	_____

Amount: \$ 1208.75

RECEIVED  
2018 MAR -2 AM 11: 09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Thank you!