

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 09 MAY 19 AM 11:56	
DOCUMENT # P08000046488					
1. Corporation Name Raul L. Perez, D.V.M., P.A.					
2. Principal Office Address - No P.O. Box # 11370 Trotting Horse Lane S.		3. Mailing Office Address Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jacksonville, Florida		City & State			
Zip 32225	Country Duval	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida 5/18/2008	
5. FEI Number 26-2623544				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$9.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Raul L. Perez, D.V.M.					
Street Address (P.O. Box Number is Not Acceptable) 11370 Trotting Horse Lane S.					
Suite, Apt. #, Etc.					
City Jacksonville,		State FL	Zip Code 32225	<input checked="" type="checkbox"/> 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 5/14/09	
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	
Pres.	Raul L. Perez, D.V.M.	11370 Trotting Horse Lane S.		Jacksonville, Florida 32225	
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:		Raul L. Perez, D.V.M.		5/14/09	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # (954) 304-6865	