

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000076320

**FILED**  
**Mar 13, 2013**  
**Secretary of State**

**Entity Name:** KIND ANIMAL HOSPITAL, INC

**Current Principal Place of Business:**

1844 NE MIAMI GARDENS DRIVE  
NORTH MIAMI BEACH, FL 33179

**New Principal Place of Business:**

1844 NE MIAMI GARDENS DRIVE  
NORTH MIAMI BEACH, FL 33179 UN

**Current Mailing Address:**

1844 NE MIAMI GARDENS DRIVE  
NORTH MIAMI BEACH, FL 33179

**New Mailing Address:**

1844 NE MIAMI GARDENS DRIVE  
NORTH MIAMI BEACH, FL 33179 UN

**FEI Number:** 26-3186871

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BASTA, AMGAD A  
1330 NE 105TH STREET  
APT 201  
MIAMI SHORES, FL 33138 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: AMGAD BASTA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BASTA, AMGAD A  
Address: 1330 NE 105TH STREET APT. 201  
City-St-Zip: MIAMI SHORES, FL 33138

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AMGAD BASTA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

03/13/2013

\_\_\_\_\_  
Date