

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**07 AR**

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Sandra M. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**97 OCT 27 PM 2: 37**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P93000001928**

1. Corporation Name

**ANICO VETERINARY PRODUCTS, INC.**

Principal Place of Business

Mailing Address

**3334 MCKINLEY ST.  
N MIAMI BEACH FL 33021  
US**

**3334 MCKINLEY ST.  
N MIAMI BEACH FL 33021  
US**



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

**12/29/1992**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**65-0406457**

Applied For

Not Applicable

City & State

City & State

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
<b>PD</b>	<b>EPSTEIN, RAYMOND L</b>	<b>3334 MCKINLEY STREET</b>	<b>HOLLYWOOD FL 33021</b>
<b>VD</b>	<b>EPSTEIN, ADELE</b>	<b>3334 MCKINLEY STREET</b>	<b>HOLLYWOOD FL 33021</b>

**700002332197--2  
-10/29/97--01031--005  
\*\*\*\*\*165.00 \*\*\*\*\*165.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**EPSTEIN, RAYMOND L.  
3334 MCKINLEY ST.  
HOLLYWOOD FL 33021**

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.

Signature of Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on Intangible tax.)

12. 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)(l), 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

**Oct 25, 1997**

Date

Daytime Phone #

**954-981-**

**3367**

CR2040 (8/97)



VETERINARY PRODUCTS

3334 McKinley Street  
Hollywood, Florida 33021  
Tel. (305) 981-2097

(2)

Oct. 25, 1997

Dear 'to whom it may concern':

After telephone conversation with your office, I was advised to return your letter of re-instatement with a check for \$165.00 and a letter of explanation.

Please notice that my principal place of business and "mailing address" was not correct. Everything else was correct.

I never received my annual notice this year, altho I did for the past number of years.  
If I had received the notice, I would have paid on time.

Please excuse the subsequent delay and accept my payment. Thanking you for your attention, I remain,

Yours truly  
Raymond Spallin  
(above address).