

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN 12 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000055570

1. Corporation Name

SUNTREE ANIMAL CLINIC, INC

2. Principal Office Address

305 PINEDA COURT

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

Zip

32935

Country

US

3. Mailing Office Address

305 PINEDA COURT

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

Zip

32935

Country

US

REINSTATEMENT 02-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

08/04/1993

5. FEEL Number

59-3193500

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
DAN SIMS

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

Suite, Apt. #, Etc.

City
MELBOURNE, FL

State
FL

Zip Code
32935

32940

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/17/06

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	DAN SIMS	305 PINEDA COURT	MELBOURNE, FL 32935 32940

700076431517

06/21/06 01031-012 **750.00

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

Daniel Sims

Date

5/17/06

Daytime Phone #

321-259-0904

DANIEL SIMS, D.V.M.

PS 2082
SUNTREE ANIMAL CLINIC

305 Pineda Court
Melbourne, FL 32940
Telephone: (321) 259-0904


April 21, 2006

Department Of State
Division of Corporations
Waiver Department
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern: ---

This is a request to have our dissolved company late fee for the annual uniform business report with the State of Florida waived. Per my conversation with Eula, an examiner, the State of Florida had our wrong mailing address when sending notices in 2002. We are requesting the reinstatement fee to be waived since we have not received the notices due to the wrong zip code in the State of Florida's records. Our correct address is 305 Pineda Court, Melbourne, FL, 32940. Please let us know when this will be waived and send a new bill to our correct address. If you have any questions, please contact me at 321-259-0904.

Thank you,



Daniel Sims, DVM
Owner & C.E.O.