

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV -8 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000081836

1. Corporation Name

MR. PET OF MARTIN COUNTY, INC.

Principal Place of Business

2321 SE FEDERAL HIGHWAY
STUART FL 34994

Mailing Address

2321 SE FEDERAL HIGHWAY
STUART FL 34994

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/1993

5. FEI Number

59-3207896

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 And bond if 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ANSARI, NADEEM M	1662 SE PORTILLO RD.	PORT ST. LUCIE FL 34952
D	ANSARI, MEHBOOB S ANSAREE,	2321 SE FEDERAL HWY.	STUART FL 34994
			800003046228--9 -11/16/99-01090-003 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

ANSARI, NADEEM M
2321 SE FEDERAL HWY.
STUART FL 34994

9. Name and Address of New Registered Agent

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

NADEEM M. ANSARI
REGISTERED AGENT MUST SIGN

Date

11/5/99

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 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)(i), 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:

NADEEM M. ANSARI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/5/99

Daytime Phone #

(561) 287-6656

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Kurtis A. Gulliver P.A.

Accounting & Financial Consultant

3215 S. US #1, Suite C Fort Pierce, Florida 34982 (561) 461-1410 Fax (561) 461-1411

November 2, 1999

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Mr. Pet of Martin County
Att: Ansari, Nadeem M
2321 SE Federal Highway
Stuart, Florida 34994

Subject: Reinstatement Waiver

To Whom It May Concern:

I am requesting a waiver of the \$600.00 penalty for reinstatement of our for profit corporation. We didn't remember receiving the form and will work hard at filing the report on time each May. We understand that this will be waived one time and that it is our responsibility to file the report on time.

Regards,

Nadeem M. Ansari

Nadeem M. Ansari
President