

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 FEB 17 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000007560

1. Corporation Name

MedVetie Holdings, Corp.

Principal Place of Business

Mailing Address

4350 North Bay Rd.
Miami Beach, FL 33140

same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4350 North Bay Rd.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 450628

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

1-31/94

5. FEI Number

65-0466798

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D President	Robert Llanes	4350 N. Bay Rd	Miami Beach, FL 33140

100002091781--0

-02/19/97--01047--004

****923.75 ****03.46

REINSTATEMENT

96-97

U. Alar

2/17/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Robert Llanes

4350 N. Bay Rd., Miami Beach, FL 33140

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

Robert Llanes

REGISTERED AGENT MUST SIGN

Date

2-10/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Llanes

Date

Daytime Phone #

2-10/97 305/674-8362

CR2E(40) (12/96)