

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

98 DEC -7 PM 4: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000007983

1. Corporation Name

AUSTIN-DANIELS ANIMAL HOSPITAL, INC.

Principal Place of Business

Mailing Address

7535 S.W. 62ND AVE.
SOUTH MIAMI FL 33143

7535 S.W. 62ND AVE.
SOUTH MIAMI FL 33143

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

02/01/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0487516

Applied For
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	DANIES, BEN	7535 S.W. 32ND AVE.	S. MIAMI FL 33143

000002709600--7
-12/11/98-01002-008
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/30/98

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)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11 30 98
Daytime Phone #

CR2000 (9/98)



Austin-Daniels Animal Hospital

DAVID DANIELS, DVM
BEN DANIELS, DVM
ARTHUR F. SCHERR, DVM

PHONE (305) 665-3526
FAX: (305) 665-3576

12-01-98

To State of Florida Division of Corporations,

The week prior to Thanksgiving I discussed with Leslie Sellers the fact that I filed the corporation annual reports for three corporations in early May of 1998. I sent them via return envelope to Tallahassee. I received a second notice and threw them in the trash, as I knew I had already filed them. Leslie advised me that I should always call the Dept. of State when I get a second notice, which I did not do at that time. I knew for sure that I had already sent them. It's obvious that the US postal service still has these reports in their possession, as the checks have not yet cleared. Leslie then told me to mail the forms back with a check for \$150.00 with an explanation of what happened. She informed that this, in fact, happens quite frequently. In the future, all of our corporation annual reports will be sent via FedEx or Priority Mail. Thank you for your immediate consideration.

Sincerely,

Ben Daniels, DVM