

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

P94000007983

Austin-Daniels Animal Hospital, Inc.

2008 OCT 15 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800137166858  
10/22/08--01028--007 \*\*1200.00

7535 S.W. 62ND AVE.

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SOUTH MIAMI, FL

SOUTH MIAMI, FL

33143

33143

CR2E081 (12/07)

02/01/1994

650487516

**7. Name and Address of Current Registered Agent**

Name

Mark M. Hasner, Therrel Baisden, P.A.

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

One South East Third Avenue Suite 2950

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33131

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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

REGISTERED AGENT MUST SIGN

Date

9-18-08

**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	BEN DANIELS	7535 S.W. 62ND AVE.	SOUTH MIAMI, FL 33143

REINSTATEMENT

2001-08

**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

09/18/08

Date

561-694-8107

Daytime Phone #