

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000039784**

1. Corporation Name

CREIGHTON-DAVIS SAFE HARBOR ANIMAL HOSPITAL, INC

Principal Place of Business

820 CREIGHTON RD.
PENSACOLA FL 32504
US

Mailing Address

820 CREIGHTON RD.
PENSACOLA FL 32504
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/23/1994

5. FEI Number

59-3244213

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	4 City / State / Zip
D	FORGEY, GINA A	820 CREIGHTON RD.	PENSACOLA FL 32504
D	MCKERLEY, NATHANIEL L	820 CREIGHTON RD.	PENSACOLA FL 32504

8. Name and Address of Current Registered Agent

FORGEY, GINA A
820 CREIGHTON RD.
PENSACOLA FL 32514

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

CR25040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-23-02

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:

[Signature]
SIGNATURE REQUIRED

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

October 22, 2002

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

Re: Doc# P94000039784 Creighton-Davis Safe Harbor Animal Hosp, Inc

Attn: Justin Shibees

Dear Sir:

As per our conversation today, this letter is to state in writing we did not receive the corporation renewal form. We understand the importance of returning the renewal form in a timely manner as you can see from previous years.

Please accept this letter with the application for reinstatement and fee to continue our corporation.

Your assistance in this matter is greatly appreciated.

Sincerely,



Gina A. Forgey

Nathaniel L McKerley