

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000036252

1. Corporation Name

GARY H. JOHNSON, DVM, P.A.

Principal Place of Business

420 15TH AVE., SOUTH
JACKSONVILLE BEACH FL 32250

Mailing Address

420 15TH AVE., SOUTH
JACKSONVILLE BEACH FL 32250



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

05/09/1995

5. FEI Number

59-3312221

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PDST	JOHNSON, GARY H	420 15TH AVE., SOUTH	JACKSONVILLE BEACH FL 32250

000008790230
11/04/02--01036--009 **150.00

8. Name and Address of Current Registered Agent

JOHNSON, GARY H
420 15TH AVE., SOUTH
JACKSONVILLE BEACH FL 32250

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/27/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/02

Date

904-241 2533

Daytime Phone #

CR20040 (8/02)



✓ Income Tax Service
✓ Financial & Insurance Services
✓ Accounting & Bookkeeping Services

320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604
www.triplechecktax.com

October 27, 2002

Division of Corporations
Annual Report/Reinstatement Section
Post Office Box 6327
Tallahassee, FL 32314-6327

Re: Uniform Business Report
Gary H. Johnson, DVM, P.A.
Document P95000036252

Dear Madam or Sir,

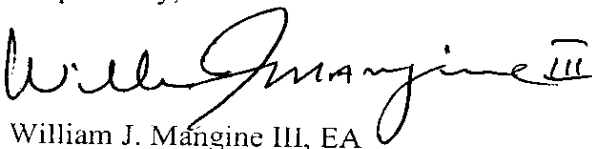
Please see the attached Application for Reinstatement for our client referenced above. We are requesting a waiver of the Reinstatement fee and ask that you accept the enclosed report with their full payment of \$150.00.

Dr. Johnson, President of the above Corporation, did not receive the first or second report for the current registration period. The Corporation had been inactive during the year and Dr. Johnson, when no reports were received, deducted that there was no filing requirement. He did not understand that the corporation annual report was due, whether the corporation was active or inactive, and was only cognizant of this requirement when he received the Reinstatement notice.

Under penalties of perjury, I declare that to the best of my knowledge and belief, the above statement is true and correct.

Thank you for your help with this matter. Please contact me if you have any questions or concerns regarding this matter.

Respectfully,


William J. Mangine III, EA

Enclosures:
Check #7009
Application for Reinstatement