PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
1997 NOV 20 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000077534**

1. Corporation Name
HAROLD B. WATSON, D.V.M., P.A.

Principal Place of Business
330 NORTHEAST 2ND STREET
BOCA RATON FL 33432
US

Mailing Address
330 NORTHEAST 2ND STREET
BOCA RATON FL 33432

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: 10/10/1995

5. FEI Number: 65-0621098 | 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSTD	WATSON, HAROLD B D.V.M.	330 NORTHEAST 2ND STREET	BOCA RATON FL 33432

100002354831--5
-11/21/97--01120--008
****165.00 ****165.00

18
11/20/97

8. Name and Address of Current Registered Agent
MILLMAN, PAUL
2855 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

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.

Signature of Registered Agent Paul G Millman Date 11/18/97
SAME AGENT REGISTERED AGENT MUST SIGN

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: Harold B Watson 11/17/97 561-347-1797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Harold B. Watson DVM

CR2E040 (8/97)

11/13/97 (2)

HAROLD B. WATSON, D.V.M.
EQUINE MEDICINE AND SURGERY

330 N.E. 2nd Street
Boca Raton, Florida 33432

954/968-0328

To whom it may concern;

I Harold B. Watson DVM, President of such business, am writing to you to let you know that until I received this document (dissolution/revocation) on 10/10/97 I had not recieved any prior documents. There have not been any change of address. This is my second year in business and I have not been delinquent in any area to my knowledge. After speaking with your staff. I am ~~sending~~ enclosing 165.00 for my corporate fee along with my corporate annual reports. I am aware that if this would occur again I would be penalized!

Thank you

HBW