PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION. FOR REINSTATEMENT	FLORIDA DEPARTMEI Katherine Ha Secretary of S DIVISION OF CORPO	arris State	DIVISION OF	TLEU RY OF STAU	
DOCUMENT # P96000032492 1. Corporation Name			OI OCT 29 PM 4: 35		
BOCA MIDTOWNE ANIMAL HO	SPITAL, INC.	ļ	; ;	4.35	
Principal Place of Business Mailing Address		<u></u>	•	·	
19357 SOUTH STATE ROAD 7 BOCA RATON FL 33498	19357 SOUTH STATE ROAD 7 BOCA RATON FL 33498				
If above addresses are incorrect in any way, line thro	ough incorrect information and enter	correction below.	•		
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Ap. 1073 POWERLINE RD, 21073 POWERLINE Suite, Apt. #, etc.		Applicable	Date Incorporated or Qualified To Do Business in Florida	04/10/1996	
# 27 City & State City & State			5. FEI Number 65-0664819	Applied For	
BOCA RATON FL.	BOCA RATON, F		6.	Not Applicable \$8.75 Additional Fee required	
33433 U.S.A.	33433 U.	5.4	CERTIFICATE OF STATUS DESIRED	for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/o		ations must list at leas reet Address of Each	st 3 directors)		
		fficer and/or Director			
-D- WERTHAISER, MARC A 19357 S STATE ROAD 7-			BOCA RATON F	- 33498 ·	
D/P WERTHATISER, MARC A 21073 POWERLING			RD BOCA RA	TON FL 33433	
À	/		6000046 -11/16/ ****15	\$859066 0101084010 8.75 ****158.75	
				H all	
8. Name and Address of Current R	egistered Agent		9. Name and Address of New Reg	Istered Agent	
			WERTHAISER		
19357 S STATE ROAD 7			WERTHAISER (P.O. Box Number is Not Acceptable) OPPOWERLINE RD.		
BOCA RATON FL 33498 Suite, Apri. #, Etc. #カチ				ō	
		BOCA	RATON - 8	State Zip Code FL 23433	
10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
White the second of the second					
Signature of Registered Agent Date 10/25/01 REGISTERED AGENT MUST SIGN					
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 filling 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: 3/1/2000 10/25/01 561-218-2210					
SIGNATURE AND TYPED OR PRIN	TED NAME OF SIGNING OFFICER OR D	DIRECTOR	Date	Daytime Phone #	

BOCA MIDTOWNE ANIMAL HOSPITAL



Marc Werthaiser, D.V.M.

DEAR SIRS,

UNKNOWN TO ME AN INCORRECT ADDRESS WAS MARKED ON LAST YEARS REPORT/UNIFORM BUSINESS REPORT.

I DID NOT RELEIVE THIS YEAR'S REPORT OR THE ANY SUBSEQUENT NOTICES FOR FAILURE TO PAY THE FEE.

I ONLY RELEIVED THE FINAL CERTIFICATE OF ADMINISTRATIVE DISSOLUTION /REVOCATION AS A COURTESY-BY THE HOSPITAL THE REPORT /NOTICES WERE SENT TO.

I REALIZE IT IS MY RESPONSIBILITY TO MAKE SURE THAT THE REPORT IS FILLED OUT PROPERLY AND I AM WILLING TO PAY THE REINSTATEMENT FEE IF YOU FEEL IT IS APPROPRIATE. PLEASE CONSIDER MY EXPLANATION. ENCLOSED IS A CHECK FOR 158.75/KY FINALY, I HAD A NAME CHANGE IN APR. 2001, I AM CEPTAIN THE CORRECT ADDRESS WAS USED WITH THAT APPLICATION PROCESS.

SINCEREY!

MALL A. WERTHAISER B.U.M.