


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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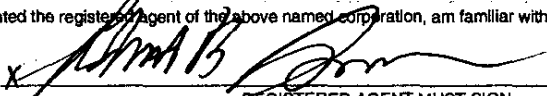
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-04

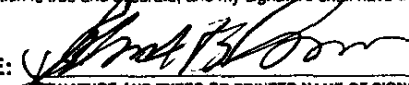
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000064844			
1. Corporation Name Avian Exotic & Surgical Consultants, Corp			
2. Principal Office Address 2662 NW 41 Street Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.	
City & State Boca Raton FL		City & State SAME	
Zip 33434	Country PBC	Zip SAME	Country SAME

4. Date Incorporated or Qualified To Do Business in Florida 08/02/1996	
5. FEI Number 65 0690648	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Robert B. Altman	
Street Address (P.O. Box Number is Not Acceptable) 2662 NW 41 Street	
Suite, Apt. #, Etc.	
City Boca Raton	State FL
Zip Code 33434	

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 	Date 3-9-04
REGISTERED AGENT MUST SIGN	

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
Dr.	Robert B. Altman, President	2662 NW 41 Street	Boca Raton, FL 33434
Mrs.	Joanne F. Altman, Secy, Treas.	2662 NW 41 Street	Boca Raton, FL 33434

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 under section 119.07(3)(f), 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:  Robert B. Altman		Date 03/09/2004	Daytime Phone # 561 995-8090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			