

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JUN -3 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000066423

1. Corporation Name

CHASEWOOD ANIMAL HOSPITAL, INC.

2. Principal Office Address

6390 INDIANTOWN ROAD

Suite, Apt. #, etc.

16

City & State

JUPITER, FL

Zip

33458

Country

3. Mailing Office Address

6390 INDIANTOWN ROAD

Suite, Apt. #, etc.

16

City & State

JUPITER, FL

Zip

33458

Country

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/08/1996

5. FEI Number

650691057

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LOWRY, MARIA C.

Street Address (P.O. Box Number is Not Acceptable)

6390 INDIANTOWN ROAD

Suite, Apt. #, Etc.

16

City

JUPITER

State

FL

Zip Code

33458

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

REGISTERED AGENT MUST SIGN

Date

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
D	LOWRY, BRUCE C.	6390 INDIANTOWN ROAD # 16	JUPITER, FL 33458
D	LOWRY, MARIA C.	6390 INDIANTOWN ROAD # 16	JUPITER, FL 33458

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)(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:

Maria Lowry
SIGNATURE AND COPIED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/25/04

Daytime Phone #

CR2E081 (10/02)

April 30, 2004

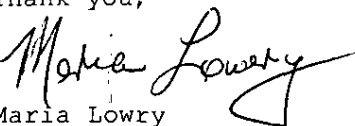
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re:

To Whom It May Concern:

I did not receive the first or second notice from your office to file my annual report.
Please accept \$300.00 and my reinstatement form.

Thank you,


Maria Lowry