

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000067407

1. Corporation Name

DUNN AVENUE ANIMAL HOSPITAL, INC.

Principal Place of Business

Mailing Address

1840 DUNN AVENUE STE 6  
JACKSONVILLE FL 32218

1840 DUNN AVENUE STE 6  
JACKSONVILLE FL 32218

If above addresses are incorrect in any way, file through correct information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

2

Name of Officers  
and/or Directors

3

Street Address of Each  
Officer and/or Director

(Do NOT Use Post Office Box Numbers)

4

City / State / Zip

D

QUALLS, DAVID K

1840 DUNN AVENUE STE 6

JACKSONVILLE FL

D

QUALLS, SHEILA J

1840 DUNN AVENUE STE 6

JACKSONVILLE FL

200002836812--2

-04/12/99--01132--001

\*\*\*300.00 \*\*\*300.00

8. Name and Address of Current Registered Agent

HUBBARD, KIM K  
1106 PARK AVENUE  
ORANGE PARK FL 32073

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

4/2/99

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99 9047579111

Date / Phone

CR2EC00 (9/98)