

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 24 PM 4:32

DOCUMENT # **P96000104571**

1. Corporation Name

**CLERMONT ANIMAL HOSPITAL INC.**

Principal Place of Business

Mailing Address

211 NORTH U.S. HWY 27  
CLERMONT FL 34711

211 NORTH U.S. HWY 27  
CLERMONT FL 34711



REINSTATEMENT

00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/31/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3422944

Applied For

Not Applicable

City & State

City & State

Zip Country

Zip Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	DIMENT, STANLEY C	211 NORTH U.S. HWY 27	CLERMONT FL

100003455751--1  
-11/07/00--01101--009  
\*\*\*\*758.75 \*\*\*\*758.75

AB 11/3

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DIMENT, STANLEY C  
211 NORTH U.S. HWY 27  
CLERMONT FL 34711

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date 20 - OCT 2000

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 - OCT 2000

Date

352-394-5444

Daytime Phone #