

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 30 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P970 000 34198

1. Corporation Name

Pinecrest Animal Hospital Inc.

2. Principal Office Address

6201 SW 120 St

3. Mailing Office Address

6201 SW 120 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pinecrest FL

City & State

Pinecrest FL

Zip

33156

Country

USA

Zip

33156

Country

USA

2000-2001 UBR

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

650197039

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

Dr. Sharon MacIvor Bauer

9000004288489

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

6201 SW 120 Street

Suite, Apt. #, Etc.

City

Pinecrest

State

FL

Zip Code

33156

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

Sharon MacIvor Bauer DVM

Date 4-01-01

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
Pres	Sharon MacIvor Bauer	6201 SW 120 St	Miami, FL 33156
Sec.	Celeste MacIvor	6201 SW 188 St	Miami, FL 33157

2/18/00 90127/001  
\$157.75

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:

Sharon MacIvor Bauer DVM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-01-01

Date

305

252-3647

Daytime Phone #

CR2E081 (9/00)

**MacIvor Animal Hospital**

[Click here and type return address]

**9841 SW 184 Street**

**Miami, FL 33157**

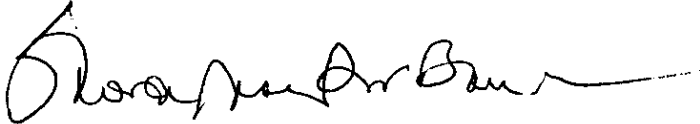
March 26, 2001

Florida Division of Corporations    RE: PINECREST ANIMAL HOSPITAL INC.  
Uniform Business Reports

Dear Sir or Madam:

This letter is to inform you that I never received your letter notifying me that my company was dissolved or any other information. The application was re-sent to me as per our recent conversation and I never received it either. Please waive any penalty and apply the check enclosed for \$150.00 per your instructions. Also could you please make sure that all correspondence is sent to 6201 S.W. 120 Street, Pinecrest FL 33156. Thank you and please place it to my attention Sharon MacIvor Bauer D.V.M

Professionally Yours,



Sharon MacIvor Bauer D.V.M.  
Owner/President Animal Hospital of Perrine Inc.  
Pinecrest Animal Hospital Inc.

PS → You  
They mailed to a non-existent address  
and according to you the application was  
found by "lost mail" division of the US Post office.  
You were using 1500 Agua Ave which is  
a non-deliverable address.

Thank you