

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -7 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000062192

1. Corporation Name

ALL CREATURES GREAT & SMALL ANIMAL HOSPITAL, INC

Principal Place of Business

13539 U.S. HIGHWAY 1, #1A
SEBASTIAN FL 32958

Mailing Address

13539 U.S. HIGHWAY 1, #1A
SEBASTIAN FL 32958



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/17/1997

5. FEI Number

65-0779663

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVTS	WILSON, SUSAN A	13539 U.S. HIGHWAY 1, #1A	SEBASTIAN FL 32958

000009886260
01/07/03--01003--001 **150.00

8. Name and Address of Current Registered Agent

LAMB, RICHARD L
1517 20TH ST.
VERO BEACH FL 32961-6704

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12-30-02

11. I certify that I am an officer or director of 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

[Signature] SUSAN A. WILSON, DVM

Date

12-30-02

Daytime Phone #

(772)
589-8787

CR2040 (8/02)



Susan A. Wilson, D.V.M.

13539 U.S. HIGHWAY 1
SEBASTIAN, FL 32958
TEL: (772) 589-8787
FAX: (772) 589-0160

To Whom it May Concern:

**Enclosed is the for-profit corporation
filing fee in the amount of \$150.00. Please
note that our corporation did NOT receive
the two prior uniform business report
notices.**

**Susan A. Wilson, DVM
President**