

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 29, 2005 8:00 A.M
Secretary of State

DOCUMENT # P97000062428

1. Corporation Name
Vet South, Inc.

2. Principal Office Address
750 South Nova Road

Suite, Apt. #, etc.

City & State
Ormond Beach, Florida

Zip 32174
Country United States

3. Mailing Office Address
1621 Panorama Drive

Suite, Apt. #, etc.

City & State
Birmingham, Alabama

Zip 35216
Country United States

REINSTATEMENT 81-05

**4. Date Incorporated or Qualified
To Do Business in Florida** 07/17/1997

5. FEI Number
65-0773345

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
David B. Daniels

Street Address (P.O. Box Number is Not Acceptable)
750 South Nova Road

Suite, Apt. #, Etc.

City
Ormond Beach

State FL
Zip Code 32174

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 August 26, 2005

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
P/D	David B. Daniels	1621 Panorama Drive	Birmingham/Alabama/35216

900059065419
08/23/05--01046--003 **1358.75

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)(l), 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:

David B. Daniels

August 26, 2005

(205) 879-3409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)