

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000075702

FILED
Oct 21, 2004
Secretary of State

Entity Name: CAMELOT ISLES ANIMAL CLINIC, INC.

Current Principal Place of Business:

1616 W CAPE CORAL PARKWAY
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

1616 W CAPE CORAL PARKWAY
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 65-0789099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUFF, MARK D
6284 MARK LANE
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HUFF, MARK D
Address: 6284 MARK LANE
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: HUFF, LAUREN
Address: 6284 MARK LANE
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK HUFF

PRES

10/21/2004

Electronic Signature of Signing Officer or Director

Date