
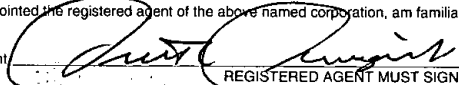
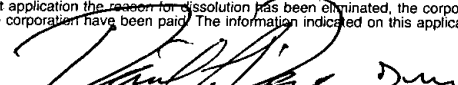


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Morikim Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  01 AUG 20 PM 2:02  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> <span style="font-size: 1.2em;">P97000108646</span>					
1. Corporation Name Emergency Veterinary Hospital of Lake County, Inc.					
Principal Place of Business 11645 N. Hwy. 441 Tavares, FL 32778			Mailing Address 11645 N. Hwy. 441 Tavares, FL 32778		
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 Address, If Applicable Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____		4. Date Incorporated or Qualified To Do Business in Florida 12/30/1997	
5. FEI Number 59-3492242				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
PTD	Perez, Raul L.	11645 N. Hwy. 441	Tavares, FL 32778		
VPS	Perez, Shirley J.	11645 N. Hwy. 441	Tavares, FL 32778		
				600004586146--9	
				-09/12/01--01066--016	
				***900.00 ***900.00	
8. Name and Address of Current Registered Agent Swigert, Brett L. 531 N. Bay St. Eustis, FL 32726			9. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, Etc. _____ City _____ State <b>FL</b> 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. Signature of Registered Agent  Date <b>7-21-01</b> REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:  Date <b>7-22-2001</b>					

CR2E040 (12/95)