


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 26 PM 4:22  
 NO CHECK WAS DEPOSITED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA 90199-003  
 \$ NO.00

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<b>CORPORATION REINSTATEMENT</b>  <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P98000004383</b> 1. Corporation Name <b>GALLOWAY ANIMAL HOSPITAL, INC.</b>	
2. Principal Office Address <b>13345 S.W. 87 AVENUE</b> Suite, Apt. #, etc.	3. Mailing Office Address <b>SAME</b> Suite, Apt. #, etc.
City & State <b>MIAMI, FL</b>	City & State
Zip <b>33176</b>	Country

4. Date Incorporated or Qualified To Do Business in Florida <b>01/14/1998</b>	
5. FEI Number <b>65-0813703</b>	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. Name and Address of Current Registered Agent	
Name <b>WILLIAM R. CRANSHAW</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>6401 S.W. 87 AVENUE</b>	
Suite, Apt. #, Etc. <b>SUITE 210</b>	
City <b>MIAMI, FL</b>	State <b>FL</b>
Zip Code <b>33173</b>	

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 <b>William R. Cranshaw</b>	Date <b>JUNE 24 2003</b>
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
PD	DAVID B. DANIELS	7701 S.W. 79 COURT	MIAMI, FL 33143
YPD	CYNTHIA DANIELS	7701 S.W. 79 COURT	MIAMI, FL 33143

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: <b>Ben Davis</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>6/28/03</b> Daytime Phone # <b>305-235 8541</b>

6/26

CR2E081 (10/02)

WILLIAM R. CRANSHAW  
CERTIFIED PUBLIC ACCOUNTANT

6401 SOUTHWEST 87TH AVENUE  
SUITE 210  
MIAMI, FLORIDA 33173  
(305) 279-2233  
(305) 598-1011 FAX

2 SOUTH UNIVERSITY DRIVE  
SUITE 240  
PLANTATION, FLORIDA 33324  
1-800-557-1033  
FAX: (305) 598-1011

June 24, 2003

Department of State  
Division of Corporations  
Annual Reports/Reinstatements Section  
P.O. Box 6327  
Tallahassee, FL 32314- 6327

Re: Galloway Animal Hospital, Inc.  
P98000004383

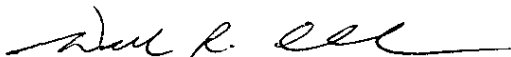
Dear Sir or Madam:

We would like to submit a Corporation Reinstatement for Galloway Animal Hospital, Inc. We have not received our annual report for several years because our address is incorrect on your records, please correct your records to show 13345 S.W. 87 Avenue (not S.E.), Miami, FL 33176.

This corporation should be reinstated because the State of Florida had the incorrect address on their records and had received a check in the amount \$150 in March of 1999.

Please accept this reinstatement, if any further data is required please write.

Truly yours,



William R. Cranshaw