

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 20 PM 5:10

DOCUMENT # P98000008568

1. Corporation Name

FITZGERALD OLIVER, DVM, P.A.

Principal Place of Business

Mailing Address

~~3051 NORTHWEST 04 TERRACE~~
~~SUNRISE FL 33251~~

~~3051 NORTHWEST 04 TERRACE~~
~~SUNRISE FL 33251~~

4075 Pine Ridge Rd #14
NAPLES FL 34119

~~3051 NORTHWEST 04 TERRACE~~
~~SUNRISE FL 33251~~

REINSTATEMENT

00

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

2. New Principal Office Address, If Applicable

4075 Pine Ridge Rd
Suite, Apt. #, etc. 14

3. New Mailing Office Address, If Applicable

4075 Pine Ridge Rd
Suite, Apt. #, etc. 14

4. Date Incorporated or Qualified
To Do Business in Florida

01/27/1998

City & State

NAPLES FL

City & State

NAPLES FL

Zip 34119

Country

USA

Zip 34119

Country

USA

5. FEI Number

65-0815111

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	OLIVER, FITZGERALD	3051 NORTHWEST 04 TERRACE 4075 Pine Ridge Rd #14 NAPLES FL 34119	SUNRISE FL 33251 900003491419--3 -12/08/00--01026--009 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FITZGERALD, OLIVER

~~3051 NORTHWEST 04 TERRACE~~
~~SUNRISE FL 33251~~

4075 Pine Ridge Rd #14
NAPLES FL 34119

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.

Signature of
Registered Agent

Fitzgerald Oliver
REGISTERED AGENT MUST SIGN

Date

11/14/00

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fitzgerald Oliver
Fitzgerald Oliver

11/14/00
9443523369