

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

FOR REINSTATEMENT



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000014642

1. Corporation Name

KATHLEEN ANIMAL HOSPITAL, INC.

Principal Place of Business

6315 KATHLEEN RD.  
LAKELAND FL 33810-1943

Mailing Address

6315 KATHLEEN RD.  
LAKELAND FL 33801

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 Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/13/1998

5. FEI Number

59-3492806

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D/P	WEIRATHER, ANTHONY DR.	6315 KATHLEEN RD.	LAKELAND FL 33810
D/T	WEIRATHER, PAMELA M	6315 KATHLEEN ROAD	LAKELAND FL 33810

700008642757  
10/29/02 01019 024 \*\*750.00

8. Name and Address of Current Registered Agent

WEIRATHER, ANTHONY D  
6315 KATHLEEN ROAD  
LAKELAND FL 33810

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/23/02

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Weirather

Date 10/23/02

863-859-1100  
Daytime Phone #

To whom it may concern:

Kathleen Animal Hospital - Lakeland, FL

Southside Animal Clinic - Plant City, FL

they are both owned by Anthony Weirather DVM

We never received the uniform business report. Our old account David Mann became ill at the 1<sup>st</sup> of the year - he says he didn't receive them. If you could please check on this matter for us.

Call 863-859-1100

or 863-984-4123

ask for Sharon the office manager.