

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 FEB -8 PM 3:58

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # P98000043734

1. Corporation Name

Imperial Point Animal Hosp. of Palm Beach Inc

200004927992--8  
-02/15/02--01004--022  
\*\*\*\*150.00 \*\*\*\*150.00

2. Principal Office Address

16244 S. Military Trail

Suite, Apt. #, etc.

Suite 340

City & State

Delray Beach

Zip

33484

Country

Palm Beach

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

33484

Country

U.S.

**REINSTATEMENT**

16 01-02

4. Date Incorporated or Qualified  
To Do Business in Florida

5-14-98

5. FEI Number

650839083

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name

Robert C. Buzzetti

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

1570 E. Commercial Blvd

Suite, Apt. #, Etc.

FT Lauderdale

City

FLA 33308

200004927992--8

-02/15/02--01004--021

\*\*\*\*750.00 \*\*\*\*750.00

State

FL

Zip Code

33308

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1-20-02

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
<u>P</u>	<u>Kim Esposito</u>	<u>1570 E. COMM. BLVD</u>	<u>FT LAUD FL 33308</u>
<u>V</u>	<u>Robert Buzzetti</u>	<u>1570 E. COMM. BLVD</u>	<u>FT LAUD FL 33308</u>

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:

[Signature] - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-02 561-638-8282

Date

Daytime Phone #

CR2E081 (9/01)