

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC -8 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P980000.90191

1. Corporation Name

SARBJIT S. SIDHU, D.V.M., P.A.

2. Principal Office Address

101 OCEAN LANE DRIVE

Suite, Apt. #, etc.

APT. 1015

City & State

KEY BISCAVNE FL.

Zip

33149

Country

U.S.A.

3. Mailing Office Address

9 WESTWARD DRIVE

Suite, Apt. #, etc.

City & State

MIAMI SPRINGS FL.

Zip

33166

Country

U.S.A.

400025312224
12/08/03--01014--021 ***750.00
REINSTATEMENT 00-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/22/98

5. FEI Number

650897037

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

SARBJIT S. SIDHU

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

101 OCEAN LANE DRIVE

Suite, Apt. #, Etc.

APT. 1015

City

KEY BISCAVNE

State

FL

Zip Code

33149

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 11/28/03

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
P	SARBJIT S. SIDHU	101 OCEAN LANE DR.	K. BISCAVNE FL. 33149

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/28/03

Date

(305)885-2000

Daytime Phone #

CRZE081 (10/02)

MIAMI INTERNATIONAL ANIMAL HOSPITAL
9 WESTWARD DRIVE
MIAMI SPRINGS FL. 33166
(305) 885 - 2000
(305) 885 - 7440 fax

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE FL. 32314

REF: CORPORATION DOCUMENT # 980000191

November 28, 2003

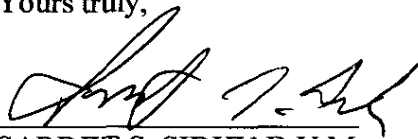
To whom it may concern,

Please be advised that since the formation of the corporation: SARBJIT S. SIDHU,
D.V.M., P.A. on October 28, 1998, we never received any renewal notice. Therefore, we
respectfully request to have the reinstatement fee waived.

Enclosed is a check for the past due renewal fees bringing us up to 2003.

Thank you for the attention to this matter.

Yours truly,



SARBJIT S. SIDHU D.V.M.
President