

Oct 21 99 12:50p

GB ANIMAL HOSPITAL

(850)934-1134

P. 4

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
99 OCT 26 PM 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000100364

1. Corporation Name

GULF BREEZE ANIMAL HOSPITAL, INC.

Principal Place of Business

Mailing Address

2727 GULF BREEZE PARKWAY  
GULF BREEZE FL 32561

2727 GULF BREEZE PARKWAY  
GULF BREEZE FL 32561



REINSTATEMENT 99

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable  
3540 JFK Parkway

4. Date Incorporated or Qualified To Do Business in Florida

12/02/1998

SP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

91-1937891

Applied For

Not Applicable

City & State

City & State

Fort Collins CO

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required for a Certificate of Status.

Zip

Country

Zip

Country

80525

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	BURGE, GARY D	3540 JFK Parkway	FT COLLINS CO 80525
VP	CUTLER, TREY	"	"
Sec/Treas	Ridgley, David	"	300003026833-5 -10/27/99--01082--023 ***750.00 ***750.00
VP/Asst Sec	Haas, Steven W.	"	"

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

*Marcia J. Sunahava*  
REGISTERED AGENT MUST SIGN  
Asst. Secy.

Date 10/22/99

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:

Trey Cutler  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-99 940-226-6632

Date

Daytime Phone #

Trey Cutler  
Vice President