

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000027850

1. Corporation Name

ANIMAL PERFORMANCE CONSULTANTS, INC.

Principal Place of Business

929 NE JENSEN BEACH BLVD  
JENSEN BEACH FL 34957

Mailing Address

929 NE JENSEN BEACH BLVD  
JENSEN BEACH FL 34957

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/26/1999

5. FEI Number

65-0915390

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)

2

Name of Officers  
and/or Directors

3

Street Address of Each  
Officer and/or Director

4

City / State / Zip

P

BARCIK, DAVID

24 NORTH VIA LUCINDIA

STUART FL 34996

VP

ANDERSON, HARRY

24 NORTH VIA LUCINDIA

STUART FL 34996

SD

LEGG, JOHN

24 NORTH VIA LUCINDIA

STUART FL 34996

TD

SHANKS, JOHN

24 NORTH VIA LUCINDIA

STUART FL 34996

8. Name and Address of Current Registered Agent

SHANKS, JOHN W  
929 NE JENSEN BEACH BLVD  
JENSEN BEACH FL 34957

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

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 10-22-02

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

Date

Daytime Phone #

10-22-02 772-334-0377

FILED  
02 OCT 24 PM 3:1  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2000008576052  
10/24/02--01099--007 \*\*150.00

CR2040 (8/02)

Animal Performance Consultants, Inc.  
929 NE Jensen Beach Blvd.  
Jensen Beach, FL 34957

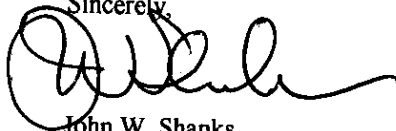
October 22, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To whom it may concern:

Be in known that Animal Performance Consultants, Inc. did not receive the two prior  
UBR notices for the corporate active status.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Shanks', written over the word 'Sincerely,'.

John W. Shanks  
Secretary