

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Prp/fz

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P99000032764

1. Corporation Name

ANIMAL E.R., P.A.

Principal Place of Business

Mailing Address

11359 OLD ST. AUGUSTINE ROAD
MANDARIN FL 32258

~~11359 OLD ST. AUGUSTINE ROAD~~
~~MANDARIN FL 32258~~
P.O. Box 41285
Jacksonville, FL 32203-0285

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

03/29/1999

5. FEI Number

59-3573344

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PRINCE, PETER X D.V.M.	11359 OLD ST. AUGUSTINE ROAD	MANDARIN FL 32258
VD	GORING, ROBERT L D.V.M.	275 CORPORATE WAY	ORANGE PARK FL 32073
SD	WELDON, ALAN D D.V.M.	3750 RIVERSIDE AVENUE	JACKSONVILLE FL 32205
TD	JACKSON, ROBERT I D.V.M.	8560 ARLINGTON EXPRESSWAY	JACKSONVILLE FL 32211
ASVD	WOODS, JEFFREY C D.V.M.	7530 MERRILL ROAD	JACKSONVILLE FL 32277

8. Name and Address of Current Registered Agent

PRINCE, PETER X D.V.M.
11359 OLD ST. AUGUSTINE ROAD
MANDARIN FL 32258

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.

Signature of Registered Agent

Peter X. Prince
REGISTERED AGENT MUST SIGN

Date

12/5/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter X. Prince

Date

Daytime Phone #

12/5/01 904-262-4553

CR2E040 (8/01)