

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000055717

1. Corporation Name

JUAN C GAMBOA, DVM, PA.

Principal Place of Business

Mailing Address

6530 NE 57 CT.
HIGH SPRINGS FL 32643

6530 NE 57 CT.
HIGH SPRINGS FL 32643

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

06/21/1999

5. FEI Number

59-3584480

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 03

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	GAMBOA, JUAN C DVM	6530 NE 57 CT.	HIGH SPRINGS FL 32643

000023819030
10/15/03--01056--007 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GAMBOA, JUAN C
6530 NE 57 CT.
HIGH SPRINGS FL 32643

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

Juan Gamboa
REGISTERED AGENT MUST SIGN

Date 10-13-03

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:

Juan Gamboa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-03

Date

Daytime Phone #

CR2E040 (7/03)

October 13, 2003

Florida Secretary of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Re: Uniform Business Report
Juan C Gamboa, DVM, PA

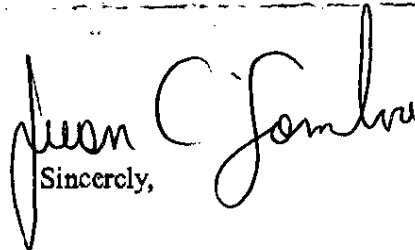
Greetings,

I respectfully request that the attached UBR be accepted as timely filed for reasonable cause as follows:

The form was never received at my office! If you sent a second notice, it was not received, either. I have checked with everyone who might have been in this office in the early part of the year, and no one saw this form. This dissolution notice is the first I have seen about this in 2003!

I have filed this report every year since I incorporated in 1999. I and my staff would all recognize this form as something needing attention. I have filed this for timely for several years. I am a conscientious businessman and taxpayer.

Thank you for your consideration. I do not need penalizing. I know to look for the full size self-mailer form with brown ink. If I do not receive one by February next year, I will find or download another form. I even instructed my accountant to remind me next February.


Sincerely,

10/13/03
12:06 PM

SEARCHED
SERIALIZED
INDEXED

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