

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 25 AM 8:01

DOCUMENT # P99000086800

1. Corporation Name **JungleLife Animal Hospital INC.**

2. Principal Office Address

1690 E. 4TH AVENUE

Suite, Apt. #, etc.

City & State

Hialeah, Florida

Zip

33010

Country

MIAMI DADE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

400008593514
10/25/02--01059--002 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0975545

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

SPIEGEL & UTRERA, P.A.

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

343 ALMERIA AVENUE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRSD	DIAZ, ALEJANDRO A DUM	1690 E. 4TH AVE	Hialeah, FL 33010

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/02
Date

(305)
887-2342
Daytime Phone #

CR2E081 (9/01)

To: Florida Department of State
Division of Corporations

From: JungleLife Animal Hospital, INC.
1690 East 4th Avenue
Hialeah, Florida 33010
(305) 887-2342

RE: 2002 Uniform Business Report

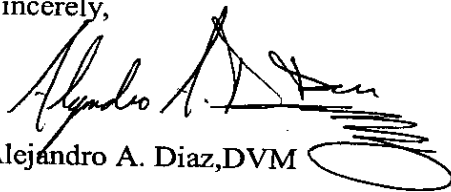
October 11, 2002

To Whom This May Concern:

I did not receive the 2002 Uniform Business Report in the mail. I spoke with a representative from your office today, October 11, 2002, and was advised to write a statement notifying the above and send it in with the payment of \$150.00. This is the reason I am filing late.

If you have any questions, with regard to my corporation, of this filing please contact us at (305) 887-2342.

Sincerely,

A handwritten signature in black ink, appearing to read "Alejandro A. Diaz", with a stylized flourish at the end.

Alejandro A. Diaz, DVM