

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000086800

FILED
Oct 06, 2006
Secretary of State

Entity Name: JUNGLELIFE ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

1690 E. 4TH AVENUE
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

1690 E. 4TH AVENUE
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 65-0975545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALEJANDRO A. DIAZ

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: DIAZ, ALEJANDRO A DVM
Address: 1690 E. 4TH AVENUE
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEJANDRO A. DIAZ

DVM

10/06/2006

Electronic Signature of Signing Officer or Director

Date