

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JUN 15 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000093765

1. Corporation Name

FIDELITY ANIMAL HOSP., INC.

2. Principal Office Address - No P.O. Box #

7410 BOYNTON BEACH BLVD

3. Mailing Office Address

7410 BOYNTON BEACH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH

City & State

BOYNTON BEACH

Zip

33437

Country

PALM BEACH

Zip

33437

Country

PALM BEACH

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 10/25/1999

5. FEI Number

65-1031230

☐ 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

COREY E. LEVINE, CPA

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

15300 JOG ROAD

Suite, Apt. #, Etc.

208

City

DELRAY BEACH

State

FL

Zip Code

33446

500236452815
06/15/12--01040--014 **1350.00

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

6/13/12

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
D	DAVID FIDEL	819 SHORE DR	BOYNTON BEACH, FL 33435

08/12

JUN 18 2012

T. SCOTT

REINSTATEMENT

10. E-mail Address: FIDELITYANIMALHOSPITAL@GMAIL.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/13/12