

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P99000100153**

1. Corporation Name

CENTRAL FLORIDA VETERINARY RADIOLOGY, P.A.

Principal Place of Business

125 S. SWOOPE AVE., STE. 200
MAITLAND FL 32751

Mailing Address

125 S. SWOOPE AVE., STE. 200
MAITLAND FL 32751

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

9905 South Highway 17-92
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

9905 South Highway 17-92
Suite, Apt. #, etc.

City & State

Maitland

City & State

Maitland

Zip

FL

Country

32791

Zip

FL

Country

32791

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/11/1999

5. FEI Number

59-3616201

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BERRY, CLIFFORD R	5312 VISTA CLUB RUN	SANFORD FL 32771
D	BERRY, BRIGITT K	5312 VISTA CLUB RUN	SANFORD FL 32771

~~8000003473458--4~~

~~-11/21/00--01110--009~~

~~****750.00 ****750.00~~

8. Name and Address of Current Registered Agent

BERRY, CLIFFORD R
125 S. SWOOPE AVE., STE. 200
MAITLAND FL 32751

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/1/00

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/00

Date

Daytime Phone #

KE