

APPLICATION FOR REINSTATEMENT



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

FILED
00 DEC 15 PM 2: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000107164

1. Corporation Name

VETERINARIAN PET CARE NETWORK, INC.

Principal Place of Business

Mailing Address

3087 NE 183 LANE
AVENTURA FL 33160

3087 NE 183 LANE
AVENTURA FL 33160

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

12/10/1999

5. FEI Number

65-1053547

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

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
SECRETARY POTTER, BARRY	POTTER, BARRY	3087 NE 183 LANE	AVENTURA FL 33160
PRESD	PIERCE, CLIFFORD	4216 CLEVELAND ST.	HOLLYWOOD FL 33021
			300003514523--1 -12/27/00--01064--003 ****750.00 ****750.00
			SP

8. Name and Address of Current Registered Agent

PIERCE, CLIFFORD Y
1440 JOHN F. KENNEDY CAUSEWAY
SUITE 301
NORTH BAY VILLAGE FL 33141

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Clifford Y. Pierce
REGISTERED AGENT MUST SIGN

Date

12/12/00

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:

Clifford Y. Pierce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/00
Date

305-770-8398
Daytime Phone #