

15 Jul 2005 16:13

R1A#CORPORATE#SERVICES

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S08003

1. Corporation Name

ANIMAL & BIRD HOSPITAL OF CLEARWATER, INC.

2. Principal Office Address
2651 SUNSET POINT RD.

Suite, Apt. #, etc.

City & State
CLEARWATERZip
33759Country
US3. Mailing Office Address
2651 SUNSET POINT RD.

Suite, Apt. #, etc.

City & State
CLEARWATERZip
33759Country
US

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida 10/19/1990

5. FEI Number 593156873

Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
KATHERINE S. MURPHY

Street Address (P.O. Box Number is Not Acceptable) 2651 SUNSET POINT RD.

Suite, Apt. #, Etc.

City
CLEARWATERState
FL Zip Code
33759

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*Katherine S. Murphy*
REGISTERED AGENT MURPHY

KATHERINE S. MURPHY

Date 7-14-2005

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 |
|--------|--------------------------------------|---|----------------------|
| P | KATHERINE S. MURPHY | 2651 SUNSET POINT RD. | CLEARWATER, FL 33759 |
| | | | |
| | | | |
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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)(b), 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:

Katherine S. Murphy

KATHERINE S. MURPHY

Date 7-14-2005

Daytime Phone # 727 798 2552

H05000171720 3

15 Jul 2005 16:13

R1A#CORPORATE#SERVICES

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DATE: 07-14-2005

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: ANIMAL & BIRD HOSPITAL OF CLEARWATER, INC.
KATHERINE S. MURPHY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT BY MAIL.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTU.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 727 796 2552.

THANKS,


ANIMAL & BIRD HOSPITAL OF CLEARWATER, INC.
KATHERINE S. MURPHY

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Florida Department of State
Division of Corporations
Public Access System

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

CORPORATION REINSTATEMENT

ANIMAL & BIRD HOSPITAL OF CLEARWATER, INC.

| | |
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