

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S27310

1. Corporation Name

Kitty Hawk Veterinary Services,
P.A.

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

330 90th Ave NE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 5835

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33702

Country

USA

City & State

Clearwater, FL

Zip

33758

Country

USA

7. Name and Address of Current Registered Agent

Name

Donna F. Shannon D.V.M.

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

330 90th Ave. NE

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33702

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

Donna F. Shannon DVM

REGISTERED AGENT MUST SIGN

Date 8/6/07

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	Donna F. Shannon, DVM	330 90th Ave NE,	St. Petersburg, FL 33702

200107538352
08/08/07--01037--006 **450.00

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 contained in Chapter 119, 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:

Donna F. Shannon DVM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/07

Date

727-422-7603

Daytime Phone #

07 AUG -8 11:11:27

STATE
FALLS OF FLORIDA

REINSTATEMENT 05-07

CR2E081 (1/07)