

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN 11 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **531611**

**1. Corporation Name**

Central Animal Hospital East, Inc.

**2. Principal Office Address**

1249 Snell Island Blvd.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33704

Country

Pinellas

**3. Mailing Office Address**

1249 Snell Island Blvd.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33704

Country

Pinellas

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
-To Do Business in Florida**

02/11/91

**SP**

**5. FEI Number**

593053023

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

G. Barry Wilkinson

300003575759-1

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

696 First Avenue North

01/26/01-01015-112

\*\*\*\*900.00 \*\*\*\*900.00

Suite, Apt. #, Etc.

Suite 201

City

St. Petersburg

State

FL

Zip Code

33701

**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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date **11/2/2000**

**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
Dir.	Barbara M. Smith	1249 Snell Island Blvd.	St. Petersburg, FL 33704
Dir.	James W. Smith, Jr.	1249 Snell Island Blvd.	St. Petersburg, FL 33704

**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)(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:**

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. Smith, Jr.

Date

Daytime Phone #

**11/2/00 727 821 2002**