PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR 13 PM 4:00

DOCUMENT # S56892

REINSTATEMENT 99-01

1. Corporation Name

COASTAL VETERINARY ASSOCIATES, INC.

2. Principal Office Address	3. Mailing Office Address
570 NW 103rd Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State
Zip: 33150 / Country: U.S.A.	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 6/04/1991

5. FEI Number: #65-0266104 ☐ 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: ~~ALAN E. STANDER~~ LIONEL BARNET, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable): ~~3230 Stirling Road~~ 9100 South Dadeland Boulevard

Suite, Apt. #, Etc.: Suite #404

City: ~~Hollywood~~ Miami | State: FL | Zip Code: ~~33021~~ 33156

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 _____ Date March 7, 2001

REGISTERED AGENT MUST SIGN

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
PD	MICHAEL FUSCO	672 NE 79th Street	Miami, Florida 33138
STD	EDMOND RODRIGUEZ	4236 SW 15th Street	Miami, Florida

300003856719--5
-03/16/01--01185--004
***1058.75 ***1058.75

3/13

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: Michael Fusco MICHAEL FUSCO, President 305-670-7887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #