

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S66376**

1. Corporation Name

ANDREW M. NEWMAN, D.V.M., P.A.

Principal Place of Business

Mailing Address

164 NW 118 DR
CORAL SPRINGS FL 33071
US

164 NW 118 DR
CORAL SPRINGS FL 33071
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/16/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0272643

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
D	NEWMAN, ANDREW M.	164 NW 118 DRIVE	CORAL SPRINGS FL 33071
		164 NW 118 DR	

800023748508
10/13/03--01058--005 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NEWMAN, ANDREW M
164 NW 118 DR
CORAL SPRINGS FL 33071

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Andrew M. Newman

Date

10/9/03

REGISTERED AGENT MUST SIGN

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:

Andrew M. Newman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/03

Daytime Phone #

954 4766006

CR2E040 (7/03)

ALL PET CARE ANIMAL CLINIC
DR. ANDREW M. NEWMAN D.V.M.
2259 S. UNIVERSITY DR.
DAVIE, FLORIDA 33324 476-8806 (954)

10/9/03

We recieved this notice yesterday (10/8)
no prior notice was recieved, perhaps because
~~wrong address is indicated on form. You have~~
us listed as 164 NW 188 DR, should be 118 DR.
(correction made on form)

Sincerely,

A. Newman