

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/16/1991

5. FEI Number

65-0272643

Applied For

Not Applicable

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.	<del>164 NW 118 DRIVE</del> 164 NW 118 DR	CORAL SPRINGS FL 33071

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*

REGISTERED AGENT MUST SIGN

Date

10/9/03

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 4766606

CR2E040 (7/03)

ALL PET CARE ANIMAL CLINIC  
DR. ANDREW M. NEWMAN D.V.M.  
2259 S. UNIVERSITY DR.  
DAVIE, FLORIDA 33324 476-8808 (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

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