

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Ralph W. Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

90 JUN 30 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **SL69398**

1. Corporation Name  
**Blue Cross Animal Hospital, Inc.**

Principal Place of Business Mailing Address  
**1603 E. Main Street SAME  
Leesburg, FL 34748**

**100002929781--8  
-07/13/99--01037--005  
\*\*\*\*\*8.75 \*\*\*\*\*8.75**

**REINSTATEMENT 95-99**

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 <b>7/30/91</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-3021219</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres.	Susan D. Lee	401 N.E. 120 <sup>th</sup> Terr.	Silver Springs, FL 34488
			<b>100002929781--8 -07/13/99--01037--005 *****880.00 *****880.00</b>
			<b>100002929781--8 -07/13/99--01037--007 *****470.00 *****470.00</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Susan D. Lee 1603 E. Main Street Leesburg, FL 34748		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code	
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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.

Signature of Registered Agent **[Signature]**  
REGISTERED AGENT MUST SIGN

Date **6/28/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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, upon 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 taxes 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: **[Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **6/28/99** Daytime Phone #

CR2E08 (12/98)

# Purvis Gray & Company

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June 29, 1999

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Reference: Blue Cross Animal Hospital, Inc.  
FEI: 59-3021219

Dear Sir or Madam:

Enclosed please find an application for reinstatement for the above referenced corporation. Because of some confusion with a related corporation that had previously been dissolved, the amount due for reinstatement was initially unclear. We have included (3) checks. The \$880.00 is the amount we had originally thought was due, but after discussions with a representative from your office, we understand the amount to be \$1,350. The additional check for \$470 along with the \$880 total the \$1,350 due. The \$8.75 is for a Certificate of Status.

If there are any questions regarding this application, please contact our office at your earliest convenience, as the corporation is trying to close on a loan and therefore needs the reinstatement as soon as possible.

Thank you.

Sincerely,

PURVIS, GRAY AND COMPANY

  
Fred L. Doerr, C.P.A.  
Partner

FLD/jaa  
Enclosures

## Certified Public Accountants

Laurel Ridge Professional Center • 2347 S.E. 17th Street • Ocala, Florida 34471 • (352) 732-3872 • FAX (352) 732-0542

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MEMBER OF AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS PRIVATE COMPANIES AND S.E.C. PRACTICE SECTIONS