

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR
[Redacted]

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN -7 PM 4:27

DOCUMENT # S73667

1. Corporation Name

PETER X. PRINCE, D.V.M., P.A.

Principal Place of Business

11359 OLD ST. AUGUSTINE ROAD
JACKSONVILLE FL 32257

Mailing Address

~~11359 OLD ST. AUGUSTINE ROAD
JACKSONVILLE FL 32257~~
P.O. Box 41285
JACKSONVILLE, FL 32203-1285



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

08/15/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3086378

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 |
|------------|-------------------------------------|--|---|
| PST | PRINCE, PETER X. | 11359 OLD ST. AUGUSTINE | JACKSONVILLE FL |
| D | PRINCE, PETER X. | 11359 OLD ST. AUGUSTINE | JACKSONVILLE FL |
| | | | 400004777424--1 -01/16/02--01030--007 ****300.00 ****300.00 |
| | | | BR/du |

8. Name and Address of Current Registered Agent

ADAMS, SCOTT C/O CONT
4070 HERSEL ST #1
JACKSONVILLE FL 32210

9. Name and Address of New Registered Agent

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.

Signature of Registered Agent

[Signature of Peter X. Prince]

REGISTERED AGENT MUST SIGN

Date

12/15/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature of Peter X. Prince]

Peter X. Prince 12/15/01

Date

Daytime Phone #

904-262-4553

CR2E040 (801)

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AUGUSTINE LORETTO ANIMAL CLINIC

11359 Old St. Augustine Road
Jacksonville, Florida 32258
(904) 262-4553

December 6, 2001

To whom it may concern:

Please accept my deepest apologies for these fees NOT to have been paid on time. We have had an enormous amount of undelivered mail, which inturn causes lateness of other expenses.

We have changed the address to the address of our accountant, Contemporary Business Systems, at P.O. Box 41285, Jacksonville, Florida, 32203-1285.

Please let me know of anything else you may need to correct this reinstatement.

Thank you.

Peter X. Prince