

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

DOCUMENT # S81031

1. Corporation Name

CENTRAL VETERINARIAN EMERGENCY HOSPITAL, INC.

00 FEB 21 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1546 San Marco Blvd  
Jacksonville, FL

Mailing Address  
1166 Lane Ave S.  
Jacksonville, FL 32205

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  
09/18/91

5. FEI Number

Applied For

59-3091110

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875-Additional Fee required  
for a Certificate of Status

96-00

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Dir	Charles Athey	5844 Ft. Caroline Rd	Jacksonville, FL 32211
Dir	Warren L. Hinricks	1430 State Road 13 N	Jacksonville, FL 32259
Dir	Robert W. Ausherman	1166 Lane Ave S.	Jacksonville, FL 32205
			400003155564--8 -03/06/00--01003--003 ***1200.00 ***1200.00
			REINSTATEMENT 96-00 11 TS

8. Name and Address of Current Registered Agent

Robert W. Ausherman  
1166 Lane Ave S.  
Jacksonville, FL 32205

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City

400003155564--8  
-03/06/00--01003--004  
\*\*\*150.00 \*\*\*150.00  
FL

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

*Robert W. Ausherman*

REGISTERED AGENT MUST SIGN

Date 12/31/99

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 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:

*Robert W. Ausherman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/31/99 (904) 781-6881

CR2E081 (12/99)