

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 28 AM 8:41

mtu
10/29

DOCUMENT # V64415

1. Corporation Name
VETRACEUTICAL SERVICES, INC.

Principal Place of Business
4121 SW 47TH AVENUE
SUITE 1303
FT. LAUDERDALE FL 33314
US

Mailing Address
0462 NORTH UNIVERSITY DRIVE
0462 N. UNIVERSITY DRIVE
SUNRISE FL 33351
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4121 SW 47TH Ave
Suite, Apt. #, etc.
SUITE 1303
City & State
FT. LAUDERDALE, FL
Zip
33314
Country
USA

3. New Mailing Office Address, If Applicable

4121 SW 47TH Ave
Suite, Apt. #, etc.
SUITE 1303
City & State
FT. LAUDERDALE FL
Zip
33314
Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/1992

5. FEI Number

65-0462413

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	COHN, LEONARD M.	0462 N. UNIVERSITY DR. 4121 SW 47TH FT. LAUDERDALE	SUNRISE FL 33314 FT. LAUDERDALE, FL

00000233340--4
-10/28/87-01134-015
***1500.00 ***750.00

8. Name and Address of Current Registered Agent

COHN, LEONARD M.
3462 N. UNIVERSITY DR.
SUNRISE FL 33321

9. Name and Address of New Registered Agent

Name
Cohn Leonard M.
Street Address (P.O. Box Number is Not Acceptable)
4121 SW 47TH Ave
Suite, Apt. #, Etc.
SUITE 1303
City
FT. LAUDERDALE
State
FL
Zip Code
33314

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 Leonard M Cohn
REGISTERED AGENT MUST SIGN

Date 10-27-97

11. This corporation owes or has paid 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: Leonard M Cohn Leonard M. Cohn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/97)