

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

96 NOV 15 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H40128

96 AR

1. Corporation Name

PATRICE A. MORENO, M.D., P.A.

Principal Place of Business

601 MAIN ST.
DUNEDIN FL 34698
US

Mailing Address

1840 SALEM CT
DUNEDIN FL 34698

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

01/23/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2483498

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	MORENO, PATRICE A.	1840 SALEM CT	DUNEDIN FL
			000002009240---9
			-11/20/96--01017--007
			****208.75 ****208.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MORENO, PATRICE A.
1840 SALEM COURT
DUNEDIN FL 34698

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

Patrice A. Moreno

REGISTERED AGENT MUST SIGN

Date 1/1/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes.

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:

Patrice A. Moreno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/96
Date

Daytime Phone #

CR2E040 (7/96)



ALLERGY AND IMMUNOLOGY

Stephen J. Korsfeld, M.D.
Steven G. Weiss, M.D.

INTERNAL MEDICINE

Steven C. Bowman, M.D.
James P. Hampsey, M.D.
Richard Maza, M.D.
Stephen L. Scranton, M.D.

**INTERNAL MEDICINE,
DIABETOLOGY,
ENDOCRINOLOGY**

Jerry Drucker, M.D.
Sanford N. Plevin, M.D.

**INTERNAL MEDICINE AND
NEPHROLOGY**

Eliot J. Familant, M.D.

**PEDIATRICS AND
INTERNAL MEDICINE**

Gary M. Goldstein, M.D.
Karen A. Neri, M.D.

RHEUMATOLOGY

Leslie A. Goodman, M.D.
Robert W. Levin, M.D.

ADMINISTRATOR

Marvin Lee Lerner

November 12, 1996

Sean Toner
Division of Corp.
P.O. Box 6327
Tallahassee, FL 32314

Dear Mr. Toner:

Enclosed please find a check in the amount of \$208.75. It is my understanding from Dr. Moreno, that since she never received other notices, you were going to waive the reinstatement fee. Therefore, the payment does not include the reinstatement fee.

Sincerely,

Marvin L. Lerner
Administrator

MLL:bk

Enclosure

MARVIN LEE LERNER
ADMINISTRATOR
29399 U.S. Hwy. 19 North
Suite 370
Clearwater, FL 34621
(813) 789-0339