

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 DEC -4 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K60353**

1. Corporation Name

FREDERIC MONOSIET, M.D., P.A.

Principal Place of Business

Mailing Address

5500 BEE RIDGE ROAD
SARASOTA FL 34232

5500 BEE RIDGE ROAD
STE 104
SARASOTA FL 34232
US



REINSTATEMENT *96*

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/24/1989	
City & State		City & State		5. FEI Number	
Zip		Country		65-0098866	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for 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
PD	MONOSIET, FREDERIC	5235 VILLA MAJORCA CT.	SARASOTA FL

300002022319--5
-12/06/96--01063--024
****375.00 ****375.00

01/24/96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FETTERMAN, JAMES C., ESQ. 1858 RINGLING BLVD. SUITE B SARASOTA FL 34238		Name NANCY L. BURNETT	
		Street Address (P.O. Box Number is Not Acceptable) 4935 HARRIS AVE	
		Suite, Apt. #, Etc.	
		City SARASOTA	
		State FL	
		Zip Code 34233	

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 *Nancy L. Burnett* REGISTERED AGENT MUST SIGN Date Nov. 21, 1996

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: *Frederic Monosiet* REQUIRED Date 11-21-96 Daytime Phone # (941) 377-7078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR