

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine
 Secretary of
 DIVISION OF CORPORATIONS

2001
 UBR

10/2

FILED

01 OCT 24 AM 10:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P00000098299

1. Corporation Name

JAMES G. MATRISCIANO, M.D., P.A.

Principal Place of Business

Mailing Address

~~12545 N. U.S. HIGHWAY 27~~
 DAVENPORT FL 33897

12545 N. U.S. HIGHWAY 27
 DAVENPORT FL 33897

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

2. New Principal Office Address, If Applicable

108 Polo Park Blvd.

3. New Mailing Office Address, If Applicable

108 Polo Park Blvd.

4. Date Incorporated or Qualified To Do Business in Florida

10/16/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3677285

Applied For

Not Applicable

City & State

Davenport FL

City & State

Davenport FL

Zip

33897

Country

~~USA~~ USA

Zip

33897

Country

~~USA~~ USA

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
D	MATRISCIANO, JAMES G	12545 N. U.S. HIGHWAY 27 108 POLO PARK BLVD	DAVENPORT FL 33897 33897

200004679422--6
 -11/14/01--01090--013
 ****150.00 ****150.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MATRISCIANO, JAMES G
~~12545 N. U.S. HIGHWAY 27~~ 108 POLO PARK BLVD
 DAVENPORT FL 33897
 33897

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 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 *James G. Matrisciano*
 REGISTERED AGENT MUST SIGN

Date 10/22/01

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: *James G. Matrisciano*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 10/22/01 Daytime Phone # 402-4077

CR2E040 (8/01)

JAMES G. MATRISCIANO, M.D., P.A.
Internal Medicine

2002

OCTOBER 22, 2001

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
PO BOX 6327
TALLAHASSEE FL 32314-6327

TO WHOM IT MAY CONCERN:

ENCLOSED PLEASE FIND COMPLETED APPLICATION FOR REINSTATEMENT OF THE CORPORATION. **WE DID NOT RECEIVE THE ANNUAL REPORT FORM** THAT YOU REQUIRED TO BE COMPLETED. CHECK NUMBER **1267** FOR **\$150.00** IS ALSO ENCLOSED.

THANKING YOU IN ADVANCE FOR YOUR COOPERATION.

SINCERELY,


JAMES G. MATRISCIANO, M.D., PRESIDENT

ENCL.

