

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 21 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000042443

1. Corporation Name

All Bay Urology, P.A.

300008475303--4
-10/21/02--01036--014

****900.00 ****900.00

REINSTATEMENT 01-02

2. Principal Office Address

4450 E. Fletcher Avenue

3. Mailing Office Address

4450 E. Fletcher Avenue

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

Suite C

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33613

Country

USA

Zip

33613

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/16/1994

5. FEI Number
593385505

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Emilio F. Lastarria

Street Address (P.O. Box Number is Not Acceptable)

4450 E. Fletcher Avenue

Suite, Apt. #, Etc.

Suite C

City

Tampa

State
FL

Zip Code

33613

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 10/10/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PA	Emilio F. Lastarria	4450 E. Fletcher Ave Ste C	Tampa, Florida 33613

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

Date

10/10/02

Daytime Phone #

813-978-8030

CRZE081 (8/01)

js 10/23/02