PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 20 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000043674**

1. Corporation Name

MICHAEL J. DITOMASSO, PHD, PA

Principal Place of Business	Mailing Address
12853 SW 150 TERRACE MIAMI FL 33186	12853 SW 150 TERRACE MIAMI FL 33186

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
8100 SW. 81 Dr.	8100 SW 81 Dr.
Suite, Apt. #, etc. 279 Suite	Suite, Apt. #, etc. Suite 279
City & State Miami Fl.	City & State Miami Fl
Zip / Country 33143 / USA	Zip / Country 33143 / USA

4. Date Incorporated or Qualified To Do Business In Florida: 05/16/1997

5. FEI Number: 65-0753721 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee is 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	DITOMASSO, MICHAEL J	12853 SW 150 TERRACE	MIAMI FL 33186
DV	DITOMASSO, JOANNE	12853 SW 150 TERRACE	MIAMI FL 33186

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****750.00 ****750.00

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8. Name and Address of Current Registered Agent

DITOMASSO, MICHAEL J
12853 SW 150 TERRACE
MIAMI FL 33186

305-598-1972

9. Name and Address of New Registered Agent

Name: Michael J. DiTomasso
Street Address (P.O. Box Number Is Not Acceptable): 8100 SW 81 Dr.
Suite, Apt. #, Etc.: Suite 279
City: Miami
State: FL Zip Code: 33143

CR2E040 (5/99)

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: Michael J DiTomasso President Date: 10-18-99
REGISTERED AGENT MUST SIGN

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: Michael J DiTomasso President 10-18-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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