

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED

01 AUG -2 PM 1:22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **P97000068647**

1. Corporation Name

CHARLENE Q. OKOMSKI, D.O., P.A.

Principal Place of Business

Mailing Address

~~1685 TAMMAM-TR
 MADOCK FL 33946~~

2000 JAMAICA WAY
 PUNTA GORDA FL 33950

REINSTATEMENT 00-01

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

19521 TOLEDO BLADE BLD

FORT CHARLOTTE, FL

33948

CHARLOTTE

4. Date Incorporated or Qualified To Do Business in Florida

08/07/1997

5. FEI Number

65-0773070

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	OKOMSKI, CHARLENE Q	2000 JAMAICA WAY	PUNTA GORDA FL 33950
			800004551518--8 -08/23/01--01004--014 ****750.00 ****750.00
			800004551518--8 -08/23/01--01004--015 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

GASSMAN, ALAN S
 1245 COURT ST., STE. 102
 CLEARWATER FL 34616

9. Name and Address of New Registered Agent

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

7-26-01

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-26-01

Daytime Phone #

941-766-7666
 941-769-0863

CR2E040 (8/00)