

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000012696

1. Corporation Name

Timothy D. Schirripa, P.A.

2. Principal Office Address - No P.O. Box #

5810 Coral Ridge Dr.

Suite, Apt. #, etc.

Suite 100

City & State

Coral Springs FL.

Zip

33076

Country

US

3. Mailing Office Address

5810 Coral Ridge Dr.

Suite, Apt. #, etc.

Suite 100

City & State

Coral Springs FL.

Zip

33076

Country

US

7. Name and Address of Current Registered Agent

Name

Timothy D. Schirripa

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

5810 Coral Ridge Dr.

Suite, Apt. #, Etc.

Suite 100

City

Coral Springs

State

FL

Zip Code

33076

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 5-20-10

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
P	Timothy Schirripa	5810 Coral Ridge Dr. Suite 100	Coral Springs FL, 33076

300181207003

05/21/10--01039--019 \*\*750.00

10. E-mail Address: timschirripa@yahoo.com

(To be used for future annual report notification)

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 807 or 817, 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 807.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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

5-20-10

Date

954-650-0366

Daytime Phone #

FILED

10 MAY 21 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-10

CR2E081 (4/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

1/10/2004

5. FEI Number

20-0622405

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.