

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY 13 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 207720

1. Corporation Name

Montanari Clinical School Inc

[Handwritten signature]

000129194860

05/13/08--01010--025 **1358.75

REINSTATEMENT 00-08

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

599 NW 117 St

3. Mailing Office Address

2701 S Bayshore Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

401

City & State

Ocala FL

City & State

Miami FL

Zip

Country

34475

Zip

Country

33133

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/1957

5. FEI Number

59-0819539

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

Cynthia S Sogel

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

2701 S Bayshore Dr

Suite, Apt. #, Etc.

401

City

Miami

State

FL

Zip Code

33133

☒ The 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.

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: Cynthia Sogel]

Date

4/28/08

REGISTERED AGENT MUST SIGN

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	Marion Montanari	599 NW 117 St	Ocala FL 34475

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 contained in Chapter 119, 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: Marion G. Montanari] MARION G. MONTANARI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/08

Daytime Phone #

352-620-2834