

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 NOV 18 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 479412

1. Corporation Name
BARROSO AND ADLER, D.O., P.A.

Principal Place of Business: 7212 CURRY FORD ROAD, ORLANDO FL 32822-5806
Mailing Address: 7212 CURRY FORD ROAD, ORLANDO FL 32822-5806



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/01/1975	
City & State		City & State		5. FEI Number	
Zip		Country		59-1605648	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PDT	BARROSO, LUIS F	7212 CURRY FORD ROAD	ORLANDO FL
VPS	ADLER, LEE M	7212 CURRY FORD ROAD	ORLANDO FL
D	SHULTZ, ROBERT A	7212 CURRY FORD RD	ORLANDO FL
VPS	Kelly, Brian	7212 Curry Ford Rd	Orlando FL 32822-5806
D	Athermann, Steven	7212 Curry Ford Rd	Orlando FL

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Orlando FL 32822-5806
****758.75 ****758.75

REINSTATEMENT (97)

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BARROSO, LUIS E., D.O. 7212 CURRY FORD ROAD ORLANDO FL 32822-5806		Name: A. Adler Street Address (P.O. Box Number is Not Acceptable): 11/18/97 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: [Signature] REGISTERED AGENT MUST SIGN Date: _____

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ Date: 11/3/97 Daytime Phone #: 407-281-6424

CR2E040 (8/97)