

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 19 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 505073

1. Corporation Name

MICHAEL J. SALOMONE, P.A.

2. Principal Office Address

6040 N.W. 60th Ave.

Suite, Apt. #, etc.

City & State

Parkland, Florida

Zip
33067

Country
U.S.

3. Mailing Office Address

P.O. Box 970500

Suite, Apt. #, etc.

City & State

Coconut Creek, Fl.

Zip

33097

Country

Broward

REINSTATEMENT

96-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/1/1976

5. FEI Number

59-1675259

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

Michael J. Salomone

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

6040 N.W. 60th Avenue

Suite, Apt. #, Etc.

City

Parkland

State
FL

Zip Code
33067

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/17/04

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	Michael J. Salomone	6060 N.W. 60th Ave.	Parkland Florida 33067

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

11/17/04

Daytime Phone #

954-748-5200

CR2E081 (01/04)