

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 541889

1. Corporation Name

Anthony S. Calabrese, M.D., P.A.

2. Principal Office Address

1716 Hoffner Ave.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip
32809

Country
USA

3. Mailing Office Address

1716 Hoffner Ave.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip
32809

Country
USA

FILED

06 DEC -4 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/1977

5. EFL Number

59-2982152

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
Anthony S. Calabrese

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

1716 Hoffner Ave.

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32809

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

REGISTERED AGENT MUST SIGN

Date

11 26 06

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
PD	Anthony S. Calabrese	1716 Hoffner Ave.	Orlando, FL 32809
			100082217891 12/04/05--0100--018 **750.00
			100082217891 12/02/06--0100--018 **750.00
	12/15		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony S. Calabrese

Date

Daytime Phone #

407
855
112606 4444