

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

W04-20003649

FILED
04 FEB -5 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 558572

1. Corporation Name

Spuza + Spuza MD, PA

2. Principal Office Address

431 Southwest Blvd. N.

3. Mailing Office Address

431 Southwest Blvd. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33703

Country

U.S.A

Zip

33703

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/31/1978

5. FEI Number

59-1789814

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

00-04

7. Name and Address of Current Registered Agent

Name

FELICIA SPUZA, MD

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

431 Southwest Blvd. N.

100027636381
01/27/04--01007--023 **120.00

Suite, Apt. #, Etc.

City

St. Petersburg, FL

State

FL

Zip Code

33703

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

John Spuza MD
REGISTERED AGENT MUST SIGN

Date 1-2-2004

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/S	FELICIA SPUZA MD	431 Southwest Blvd. N.	ST Petersburg, FL 33703

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:

John Spuza MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-04

Date

727-527-1159

Daytime Phone #

CR2E081 (10/02)

ta