

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

FILED

01 JUN 21 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 600972

1. Corporation Name

G. Leonard Gioia, M.D. P.A.

2. Principal Office Address

255 Fortenberry Road

Suite, Apt. #, etc.

Suite A-1

City & State

Merritt Island FL

Zip

32952

Country

USA

3. Mailing Office Address

255 Fortenberry Road

Suite, Apt. #, etc.

Suite A-1

City & State

Merritt Island FL

Zip

32952

Country

USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida

4-28-69

5. FEI Number

59-1259281

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

Stacy Gioia

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

255 Fortenberry Road

Suite, Apt. #, Etc.

Suite A-1

City

Merritt Island

State

FL

Zip Code

32952

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

Stacy Gioia
REGISTERED AGENT MUST SIGN

Date 6-20-01

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	G. Leonard Gioia MD	255 Fortenberry Road	Merritt Island FL 32952

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****300.00 ****300.00

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

6-20-01

Date

321-53-2440

Daytime Phone #

CR2E081 (9/00)