

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 NOV 18 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 601559  
1. Corporation Name  
Joseph A. Virzi, MD, PA  
Dr. Joseph A. Virzi, P.A.

400024797454  
11/18/03--01037--007 \*\*1208.75

**REINSTATEMENT 00-03**

2. Principal Office Address <u>9770 Baymeadows Rd #121</u>		3. Mailing Office Address <u>9770 Baymeadows Rd #121</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Jacksonville, FL</u>		City & State <u>Jacksonville, FL</u>	
Zip <u>32256</u>	Country <u>USA</u>	Zip <u>32256</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>10/17/1969</u>	Applied For
5. FEI Number <u>59-1273634</u>	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
Joseph A. Virzi, MD

Street Address (P.O. Box Number is Not Acceptable)  
9035 Hampton Landing Drive East

Suite, Apt. #, Etc.

City  
Jacksonville

State  
FL

Zip Code  
32256

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] Date 11-17-03

REGISTERED AGENT MUST SIGN

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
<u>P. V.</u>	<u>Joseph A. Virzi, MD</u>	<u>9035 Hampton Landing Dr East</u>	<u>Jacksonville, FL 32256</u>
<u>S. T.</u>	<u>Maria Virzi</u>	<u>9035 Hampton Landing Dr. East</u>	<u>Jacksonville, FL 32256</u>

[Signature]

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] Date 11/17/03 Daytime Phone # 904-998-3891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)