

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
**Clear**  
 REINSTATEMENT

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 NOV 26 PM 4:17

DOCUMENT # **602094**

1. Corporation Name  
**FELIX LOCICERO M.D., P.A**

Principal Place of Business      Mailing Address

2919 SWANN AVE STE 404      2919 SWANN AVE STE 404  
 TAMPA FL 33609      TAMPA FL 33609



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
**508 S. Habana**

3. New Mailing Office Address, If Applicable  
**508 S. Habana**

Suite, Apt. #, etc. **SUITE 240**      Suite, Apt. #, etc. **SUITE 240**

City & State **TAMPA FL**      City & State **TAMPA FL**

Zip **33609**      Country **Hillsborough**      Zip **33609**      Country **Hillsborough**

4. Date Incorporated or Qualified To Do Business in Florida      **05/18/1970**

5. FEI Number      **59-1306311**      Applied For       Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	LOCICERO, FELIX	125 S. CLARK AVE.	TAMPA FL
D	KAHANA, LAWRENCE	320 BLANCA AVE	TAMPA FL
VD	LOCICERO, KAREN R	3022 EMERSON	TAMPA FL

100004717241--5  
 12/10/01 01100 623  
 \*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

**LOCICERO, FELIX**  
**125 S. CLARK AVE.**  
**TAMPA FL 33609**

9. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

Suite, Apt. #, Etc. \_\_\_\_\_

City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]*      Date **10/17/01**

REGISTERED AGENT MUST SIGN

11. 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: **Felix Locicero M.D.**      *[Signature]*      Date **10/16/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2ED40 (8/01)

**FELIX LoCICERO, M.D., P.A.**

NEPHROLOGY

508 S. Habana

Suite 240

Tampa, Florida 33609

Telephone 873-1602

November 12, 2001

Florida Department of State  
c/o Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314

SUBJECT -- FELIX LOCICERO M.D., P.A.  
REFERENCE # 602094

Letter Number 501A00059615 - (Enclosed)

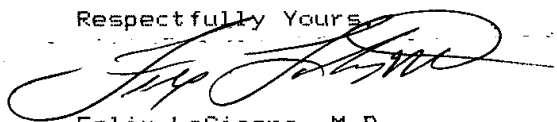
To Whom It May Concern:

As an officer and current registered agent, I am submitting for your consideration to reinstate our corporation.

The reason why we did not send our fee is because in April 2000, we moved to our new location and never received your Annual Report at our office.

We have been more than 30 years in business and never failed to pay corporate fees. I would certainly appreciate your reconsideration for the reasons stated above, and reinstate our corporation once again.

Respectfully Yours



Felix LoCicero, M.D.