APPLICATION FOR REINSTATEMENT FOR RICHARD P. GIOVANELLI, M.D., P.A.

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
98 MAY 27 PM 12:35
SECRETARY OF STATE

Read Instructions on Other Side Before Making Entries
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation DOCUMENT # 649833 (1)

RICHARD P. GIOVANELLI, M.D., P.A.
555 S.W. 12th Avenue
c/o Suite 101
Pompano Beach, FL 33069

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address: c/o 404 East Atlantic Boulevard
Address: Suite 101
City and State: Pompano Beach, FL
Zip Code: 33060

3. Date Incorporated or Qualified To Do Business in Florida: 12/31/1979

4. FEI Number: 59-1992443
☐ FEI Number Applied For
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
PD	GIOVANELLI, RICHARD P.	430 N.W. 32nd Court	Oakland Park, FL 33309
			900002545769--9 -06/03/98--01041--004 ****900.00 ****900.00
			REINSTATEMENT 97 98 7 8 5/27/98

This corporation has liability for intangible tax under section 199.032, Florida Statutes. ☐ Yes ☑ No
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

ROSENTHAL, STUART S.
555 S.W. 12th Avenue
Suite 101
Pompano Beach, FL 33069

7. Name and Address of New Registered Agent

Name: STUART S. ROSENTHAL, ESQ.
Street Address (Do NOT Use P.O. Box Number): 404 East Atlantic Boulevard
Street Address (Do NOT Use P.O. Box Number): Suite 101
City and State: Pompano Beach FL.
Zip Code: 33060

8. 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: 5/4/98
STUART S. ROSENTHAL REGISTERED AGENT MUST SIGN

9. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: [signature] Date: 5/1/98 Phone # 954-958-4800

Typed or printed name of signing officer or director: RICHARD P. GIOVANELLI, PRESIDENT

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☐

$8.75 Additional Fee required for a