

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 99 OCT 21 AM 10:30

DOCUMENT # **685731**

1. Corporation Name
MANUEL COSTA FERREIRA M.D., P.A.

Principal Place of Business Mailing Address
**1133 SE 18TH PLACE #1
 OCALA, FL 34471-5404**

REINSTATEMENT 97-99

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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 9/1/80	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2019778	
City & State		City & State		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/D	MANUEL COSTA FERREIRA	4461 NE 5TH STREET OCALA, FL 34470	OCALA, FL

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~~11/02/95--01069--024~~
 ***1200.00 ***1200.00

10/27

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MANUEL COSTA FERREIRA		Name	
		Street Address (P.O. Box Number is Not Acceptable) 4461 NE 5TH STREET	
		Suite, Apt. #, Etc.	
		City OCALA	State FL

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 *Manuel C. Ferreira* Date *10-20-99*
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Manuel C. Ferreira* Date *10-20-99* 352-629-0108
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E061 (12/96)