

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F11626

1. Corporation Name

ANGELO V PACE, M.D., P.A.

2. Principal Office Address

900 NW 17TH AVENUE

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL 33445

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/01/1981

5. FEI Number

59-2051679

☐ 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

ANGELO PACE, MD

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

6652 CHANDRA WAY

Suite, Apt. #, Etc.

City

LAKE WORTH, FL

State

FL

Zip Code

33467

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

Angelo V. Pace
REGISTERED AGENT MUST SIGN

Date 11/29/05

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	ANGELO PACE, MD	6652 CHANDRA WAY	LAKE WORTH, FL 33467

600061870946
12/02/05--01051--023 **1500.00

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

Angelo V. Pace (ANGELO V. PACE
M.D.)

Date

11/29/05 (561)278-3323
Daytime Phone #