

F1700001398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

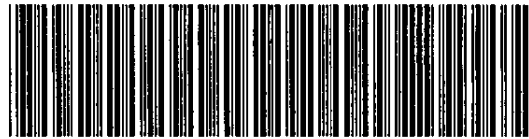
(Document Number)

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17 MAR 10 PM 3:18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2017 MAR 27 AM 10:55
TALLAHASSEE, FLORIDA

March 13, 2017

PASQUALE REINO
PASQUALE REINO, D.O., P.C.
1406 CLUBMAN DRIVE
DAVENPORT, FL 33896

SUBJECT: PASQUALE REINO, D.O., P.C.
Ref. Number: W17000021162

We have received your document for PASQUALE REINO, D.O., P.C. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not provide for the recognition of a foreign professional corporation. An acceptable corporate suffix will need to be added to your entity name for this Department to accept and file your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 017A00004777

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COVER LETTER

TO: Registration Section
Division of Corporations
PASQUALE REINO, D.O., P.C.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
PASQUALE REINO

_____	Name of Person
PASQUALE REINO, D.O., P.C.	
_____	Firm/Company
1406 CLUBMAN DRIVE	
_____	Address
DAVENPORT, FL 33896	
_____	City/State and Zip code
PASQUALEREINO@YAHOO.COM	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PASQUALE REINO	724	761-5393
_____	at (_____) _____	
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

1. PASQUALE REINO, DO, PROFESSIONAL CORPORATION

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. GEORGIA

(State or country under the law of which it is incorporated)

3. 81-4814456

(FEI number, if applicable)

4. 8/19/16

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. 1/1/2017

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 325 CYPRESS PKWY, KISSIMMEE, FL 34758

(Principal office address)

1406 CLUBMAN DRIVE, DAVENPORT, FL 33896

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **PASQUALE REINO, DO**

Office Address: **1406 CLUBMAN DRIVE**

DAVENPORT

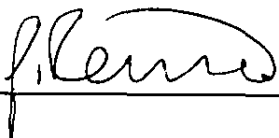
(City)

, Florida **33896**

(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

PASQUALE REINO, D.O.

Chairman:

1406 CLUBMAN DRIVE, DAVENPORT, FL 33896

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

PASQUALE REINO, D.O.

President:

1406 CLUBMAN DRIVE, DAVENPORT, FL 33896

Address:

PASQUALE REINO, D.O.

Vice President:

1406 CLUBMAN DRIVE, DAVENPORT, FL 33896

Address:

PASQUALE REINO, D.O.

Secretary:

1406 CLUBMAN DRIVE, DAVENPORT, FL 33896

Address:

PASQUALE REINO, D.O.

Treasurer:

1406 CLUBMAN DRIVE, DAVENPORT, FL 33896

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

PASQUALE REINO, D.O.

13.

(Typed or printed name and capacity of person signing application)

17 MAR 10 PM 3:19
STATE OF FLORIDA
TALLAHASSEE

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

17 MAR 10 PM 3:19
SECRETARY OF STATE
ATLANTA, GEORGIA

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Pasquale Reino, D.O., P.C.

a Domestic Professional Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 14076412
Date Inc/Auth/Filed : 08/19/2016
Jurisdiction : Georgia
Print Date : 02/20/2017
Form Number : 211



B. P. Kemp

Brian P. Kemp
Secretary of State