

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 27 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FL 32399

DOCUMENT # F83692

1. Corporation Name

SAL L. DELELLIS, D.P.M., P.A.

REINSTATEMENT 09-10

500166589375
01/19/10--01036--007 **158.75
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

1264 S. Pinellas Ave.

Suite, Apt #, etc

3. Mailing Office Address

1264 S. Pinellas Ave.

Suite, Apt #, etc

City & State

Tarpon Springs, FL

City & State

Tarpon Springs, FL

Zip

34689

Country

U.S.A.

Zip

34689

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/1982

5. FEI Number

592205080

☒ 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

Salvatore L. DeLellis, D.P.M.

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

468 Lakeview Drive

Suite, Apt #, Etc

20

City

Palm Harbor

State

FL

Zip Code

34683

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived

500166589375
01/27/10--01039--002 **150.00

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

Salvatore L. DeLellis, D.P.M., P.A.
REGISTERED AGENT MUST SIGN

Date 01/15/2010

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
Director	Salvatore L. DeLellis, D.P.M.	468 Lakeview Drive, #20	Palm Harbor, FL, 34683

JC 1/28

10. E-mail Address: drsdel@gmail.com

(To be used for future annual report notification)

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. I further certify, 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: *Salvatore L. DeLellis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-15-2009 727-515-6800

Date

Daytime Phone #