

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

*Pat*

00 NOV -6 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300003464993--6

-11/15/00--01108--004

\*\*\*\*150.00 \*\*\*\*150.00



DOCUMENT # F98000001500

1. Corporation Name

DR. DANIEL FORTUNATO, P.C.

Principal Place of Business

Mailing Address

3450 NORTHLAKE RD  
#205  
PALM BCH GARDENS FL 33403

3450 NORTHLAKE RD  
#205  
PALM BCH GARDENS FL 33403

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/16/1998

5. FEI Number

22-2853243

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	FORTUNATO, DANIEL DR.	3450 NORTHLAKE BLVD.	WEST PALM BEACH FL 33412
			LAKE PARK, FL 33403

*You probably  
sent the 1st one  
to the wrong place  
because it was  
of incorrect info  
with no address  
I should have  
checked my papers  
before*

8. Name and Address of Current Registered Agent

FORTUNATO, DANIEL DR.  
3450 NORTHLAKE BLVD.  
WEST PALM BEACH FL 33403

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10/10/00

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 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:

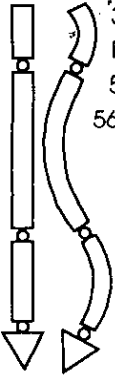
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/00 561 627-8600  
Date Daytime Phone #

CR20040 (8/00)

**Dr. Daniel Fortunato**

Chiropractor



3450 NORTHLAKE BLVD.  
PALM BEACH GARDENS, FL 33403  
561-627-8600  
561-627-8603 Fax

*PO 2012*

November 3, 2000

Florida Department of State

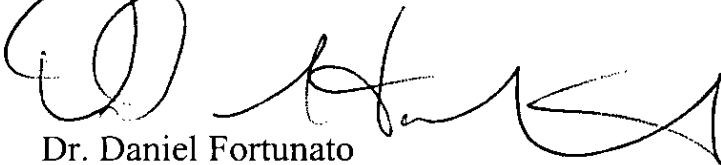
Reference: F98000001500

Attention: Michelle Milligan

Dear Ms. Milligan:

As per our conversation on October 25th, 2000, as stated I never did receive the 2000 uniform business report. I am therefore enclosing a check in the amount of \$150.00. I thank you for all your help and anticipated cooperation.

Sincerely Yours,



Dr. Daniel Fortunato