

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 30 AM 8:00

DOCUMENT # F98000001500

1. Corporation Name

Dr. DANIEL FORTUNATO, P.C.

2. Principal Office Address

3450 North Lake Blvd

Suite, Apt. #, etc.

205

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

LAKE PARK FL

City & State

Zip

33403

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 16 1998

5. FEI Number

20-2853243

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

Dr. DANIEL FORTUNATO

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

3450 North Lake Blvd

Suite, Apt. #, Etc.

City

LAKE PARK

State

FL

Zip Code

33403

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/24/04

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
President	DANIEL FORTUNATO	3450 North Lake Blvd	Lk. Park 33403
	"		

700039085417
07/14/04--01005--024 **900.00

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/24/04 561
627-8600

Daytime Phone #

CR2081 (01/04)