

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


2010 MAY -7 P 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000180564570
05/07/10--01037--009 **300.00

CR2E081 (4/10)

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT #

G14521

1. Corporation Name

THOMAS P. DILONATO, Ph.D., INC

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

1557

Suite, Apt. #, etc.

9C

City & State

ORANGE PARK

Zip

Country

3. Mailing Office Address

1409 KINGSLEY AVE

Suite, Apt. #, etc.

9C

City & State

ORANGE PARK FL

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

592248460

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

THOMAS DILONATO, Ph.D

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

1409 KINGSLEY AVE

Suite, Apt. #, Etc.

9C

City

ORANGE PARK

State

FL

Zip Code

32073

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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.

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

THOMAS DILONATO

Date 5-4-10

REGISTERED AGENT MUST SIGN

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/D	THOMAS DILONATO	1409 KINGSLEY AVE #9C	ORANGE PARK, FL

REINSTATEMENT
09-10

10. E-mail Address: DRtond@FDN.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:

THOMAS DILONATO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-10

Date

904.264.3014

Daytime Phone #