

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION FOR Annual Report 96-99		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

99 MAY 17 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H43952
 1. Corporation Name James V. Palermo IN DPA

Principal Place of Business Mailing Address
699 W. Cocoa Beach Cswy
Suite 505
Cocoa Beach, FL 32931

[Handwritten signature]

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		4. Date Incorporated or Qualified To Do Business in Florida <u>3-1-85</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>59-2495921</u>	
City & State		City & State		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTD	James V. Palermo	<u>699 W. Cocoa Beach Cswy Suite 505</u>	<u>Cocoa Beach, FL 32931</u>

700002905207--8
 -06/15/99--01074--018
 ****665.00 ****665.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<u>Kerry Palermo</u> <u>699 W. Cocoa Beach Cswy #505</u> <u>Cocoa Beach, FL 32931</u>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		FL	

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 Kerry Palermo
 REGISTERED AGENT MUST SIGN

Date 5/10/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax)

12. 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

5/10/99 407-452-0445
 Date Daytime Phone #

CR2E081 (12/98)

James V. Palermo M.D.P.A.

699 W. Cocoa Beach Cswy
Suite 505
Cocoa Beach, Florida 32931

Phone (407) 783-1133
Fax 407-452-1366

May 13, 1999

Department of State
Division of Corporations
P/O. Box 6327
Tallahassee, FL 32314

To whom it concerns,,

Please reinstate the corporation of James V. Palermo M.D. P.A. and waive all penalties. Since we moved to our new office in Cocoa Beach we never received the annual reports and were in the process of switching accountants that had previously handled this report and didn't realize it had not been filed. Enclosed is a check for \$665.00. Thank you for your cooperation with this matter.

Sincerely,



James V. Palermo M.D.