PLEASE READ / INSTRUCTIONS BEFORE COMPLE... / THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 FEB 21 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J30913

1. Corporation Name

Roberto M. Bellini, M.D., P.A.

Principal Place of Business / Mailing Address
127 First Street East
apt. 103
Tierra Verde, FL 33715

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

400002096364--7
-02/25/97--01039--011
***1245.00 ***1245.00
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip / Country

127 First Street East
Suite, Apt. #, etc. apt. 103
City & State Tierra Verda, FL
Zip 33715 Country USA

4. Date Incorporated or Qualified to Do Business in Florida 8/28/86

5. FEI Number 59- 2706881 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

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
P/D	Roberto M. Bellini	127 First St. E. apt. 103	Tierra Verde, FL 33715

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-02/25/97--01039--012
*****8.75 *****8.75

REINSTATEMENT 90-97

2/21/97

8. Name and Address of Current Registered Agent

Roberto M Bellini
138 1st Street E.
apt. 302
Tierra Verde, FL 33715 US

9. Name and Address of New Registered Agent

Name: D & B Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 5999 Central Avenue
Suite, Apt. #, Etc.: Suite 202
City: St. Petersburg State: FL Zip Code: 33710

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 _____ Date 2/6/97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Roberto M Bellini MD PA 2/19/97 8138674125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #