

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV -2 PM 6:12

DOCUMENT # J51760

1. Corporation Name

WILLIAM J. DARGO, P.A.

Principal Place of Business

Mailing Address

804 WEST BLOOMINGDALE AVE STE. 100
804 BLOOMINGDALE AVENUE, SUITE 100
BRANDON FL 33511

804 WEST BLOOMINGDALE AVE STE. 100
804 BLOOMINGDALE AVENUE, SUITE 100
BRANDON FL 33511



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

2. New Principal Office Address, If Applicable

3040 COLONIAL RIDGE DR

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3040 COLONIAL RIDGE DR

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

01/09/1987

5. FEI Number

59-2764962

Applied For

Not Applicable

City & State

BRANDON FL

City & State

BRANDON FL

Zip

33511

Country

USA

Zip

33511

Country

USA

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	DARGO, WILLIAM J.	804 BLOOMINGDALE AVE#100 3040 COLONIAL RIDGE DR BR	BRANDON FL

300004711729--7
-12/06/01--01051--003
****150.00 ****150.00

8. Name and Address of Current Registered Agent

DARGO, WILLIAM J.
804 BLOOMINGDALE AVENUE
SUITE 100
BRANDON FL 33511

9. Name and Address of New Registered Agent

Name
DARGO, WILLIAM J.
Street Address (P.O. Box Number is Not Acceptable)
3040 COLONIAL RIDGE DR
Suite, Apt. #, Etc.
City
BRANDON
State
FL
Zip Code
33511

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
WILLIAM J. DARGO, P.A.
REGISTERED AGENT MUST SIGN

Date
10-27-01

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.

AD

SIGNATURE: WILLIAM J. DARGO, P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
10-27-01
Daytime Phone #

CR2E040 (8/01)