

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

1996

APPROVED
AND
FILED

1996 OCT 31 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J54627**

1. Corporation Name

JOSEPH J. ALTIERI, M.D., P.A.

Principal Place of Business

% JOSEPH J. ALTIERI
1800 - 36TH ST. (B)
VERO BEACH FL 32900
US

Mailing Address

% JOSEPH J. ALTIERI
1800 - 36TH ST (B)
VERO BEACH FL 32900
US

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

01/30/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2084714

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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
D	ALTIERI, JOSEPH J.	3675 20TH ST, S33 1600 36 Street-Suite B	VERO BEACH FL

REINSTATEMENT

8. Name and Address of Current Registered Agent

ALTIERI, JOSEPH J.
3675-20TH ST 1600 36 Street
SUITE-B Suite B
VERO BEACH FL 32900

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

Joseph J. Altieri M.D. P.A.
REGISTERED AGENT MUST SIGN

Date 10/5/96

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 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:

Joseph J. Altieri M.D. P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/5/96 60561 569 3100
Daytime Phone #