

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # J 81841
1. Corporation Name
Campisi & Harold, M.D., P.A.

FILED
97 JAN 24 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**
1405 S. Orange Ave. **P.O. Box 568511**
Suite 501 **Orlando FL 32856-8511**
Orlando FL 32806

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 Address, If Applicable**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
City & State **City & State**
Zip **Country** **Zip** **Country**

4. Date Incorporated or Qualified To Do Business in Florida
7/1987
5. FEI Number **59-2835302** **Applied For**
Not Applicable
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres.	Frank P. Campisi, M.D.	1405 S. Orange Ave S-501 Orlando FL 32806	Orlando FL 32806
Sec-Tres.	Lou C. Harold, M.D.	1405 S. ORange Ave S-501	Orlando FL 32806

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******375.00 ****375.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Terry Wiler, CPA
201 E. Pine Street
Suite 801
Orlando FL 32801

Name **Frank P. Campisi, M.D.**
Street Address (P.O. Box Number is Not Acceptable) **1405 S. Orange Ave. Suite 501**
Suite, Apt. #, Etc. **Suite 501**
City **Orlando** **State** **FL** **Zip Code** **32806**

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

REGISTERED AGENT MUST SIGN

Date **1/22/97**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/97
407/422-0210

CR20040 (12/95)