

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

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FILED

96 SEP 30 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J92540**

1. Corporation Name

**JOHN J. FAVATA, SR., M.D., P.A.**

Principal Place of Business

Mailing Address

**3865 NORTHDAL BLVD  
TAMPA FL 33624**

**3865 NORTHDAL BLVD  
TAMPA FL 33624**



400001977304--9

-10/16/96--01074--016

\*\*\*225.00 \*\*\*225.00

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

**09/11/1987**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**59-2868341**

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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 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
<b>D</b>	<b>FAVATA, JOHN J., SR.</b>	<b>3865 NORTHDAL BLVD</b>	<b>TAMPA FL</b>

filed as A/R  
Reinstatement waived  
mwb 10/15/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**FAVATA, JOHN J., SR.  
3865 NORTH DALE BLVD  
TAMPA FL 33624-1840**

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

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

Date

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John J. Favata, Sr. MD PA*

9/18/96

Date

Daytime Phone #

CR2E040 (7/96)

J92540

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3865 Northdale Blvd.  
Tampa, Florida 33624

NORTHDALE FAMILY DOCTOR  
John J. Favata Sr., M.D., P.A.

Telephone:  
960-4401

September 18, 1996

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

To whom it may concern:

On Monday, Sept. 16th, I received a notice of dissolution or revocation and application for reinstatement for my corporation. I called the number given for questions and explained that I hadn't received any notice to file corporate papers before this. I also explained that we have had a lot of problems with mail service for the past several months. We have not had a regular mail carrier, some days we don't get mail until the end of the day or not at all. We have been getting mail that belongs to our neighboring businesses and they have gotten ours.

I was told to write to explain this to you and to send a check for \$225.00. Enclosed please find said check with the completed application.

Sincerely,

*John J. Favata Sr. M.D. PA*

John J. Favata, Sr., M.D. PA

JJF:ld