

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JAN 17 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # J99941

1. Corporation Name

GABRIEL A. DE CANDIDO, M.D., P.A.

2. Principal Office Address

8005 ULMERTON RD.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 2056

Suite, Apt. #, etc.

City & State

LARGO FL

City & State

LARGO FL

Zip

33771

Country

U.S.A.

Zip

33779-2056

Country

USA.

2001-2002 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

11/2/87

5. FEI Number

521218368

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GABRIEL A. DECANDIDO

6000004880115--5

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

12521 FRANK DRIVE

-02/05/02--01037--017

****300.00 ****300.00

Suite, Apt. #, Etc.

City

SEMINOLE

State

FL

Zip Code

33776

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Gabriel A. Decandido PR

Date 01-11-2002

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	GABRIEL A. DECANDIDO	12521 FRANK DR	SEMINOLE FL 33776
VP	GABRIEL A. DECANDIDO	12521 FRANK DR	SEMINOLE FL 33776
SEC	GABRIEL A. DECANDIDO	12521 FRANK DR	SEMINOLE FL 33776
TREA	GABRIEL A. DECANDIDO	12521 FRANK DR	SEMINOLE FL 33776

10. 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:

GABRIEL A. DECANDIDO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/02 (727)536-0441

Date

Daytime Phone #

CR2001 (9/01)

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Gabriel A. DeCandido, M.D., P.A.
P.O. Box 2056
Largo, FL 33779-2056

January 11, 2002

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Gabriel A. DeCandido, M.D. , P.A. Reinstatement of Corporation Request

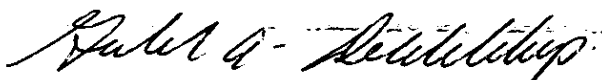
Dear Sir,

Pursuant to my practice administrator's discussion with your office I am enclosing a check for \$300.00 and the appropriate state form signed by me. Please note that the previous notices that your agency sent to me apparently were incorrectly addressed and never received by me.

The corporation reinstatement form enclosed bears the correct post office box mailing address. No mail is to be sent to the medical office address please. Thank you.

Sincerely,

Gabriel A. DeCandido, M.D.



Attach: Check
Corporation Reinstatement