

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 # K38120

1. Corporation Name

**THE INSTITUTE OF PEDIATRIC NEUROLOGY ASSOCIATES
P.A.**

Principal Place of Business

Mailing Address

880 6TH STREET, SOUTH, SUITE 430
ST. PETERSBURG FL 33701

880 6TH STREET, SOUTH, SUITE 430
ST. PETERSBURG FL 33701

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

02-99

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/1988

5. FEI Number

59-2905263

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)

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
P	CASADONTE, JOSEPH	880 - 6TH S., STE. 430	ST. PETERSBURG FL
ST	FERNANDEZ, RAYMOND	880 - 6TH ST., S., STE. 430	ST. PETERSBURG FL

700002799887-2
-03/09/99--01089--011
****158.75 ****158.75
700002799887-2
-03/09/99--01089--012
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**GUSTAFSON, LINDA
PEDIATRIC NEUROLOGY ASSOC
880 SIXTH ST S #430
ST PETERSBURG FL 33701**

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

Linda Gustafson
REGISTERED AGENT MUST SIGN

Date: *1/21/99*

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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

Sandra B. Mortham

1/21/99

CR2E040 (9/98)