

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# K44289

**FILED**  
**Oct 01, 2012**  
**Secretary of State**

**Entity Name:** THOMAS E. MATHIAS D.O.,P.A.

**Current Principal Place of Business:**

6502 PARK BLVD.  
PINELLAS PARK, FL 33781

**New Principal Place of Business:**

**Current Mailing Address:**

6502 PARK BLVD.  
PINELLAS PARK, FL 33781

**New Mailing Address:**

**FEI Number:** 59-2919301

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOST, DIANE L  
150 153RD AVE  
SUITE 204  
MADIERA BEACH, FL 33708 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** DIANE KOST

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DR  
**Name:** MATHIAS, THOMAS E.  
**Address:** 6502 PARK BLVD NORTH  
**City-St-Zip:** PINELLAS PARK, FL

**Title:** PS  
**Name:** MATHIAS, THOMAS E  
**Address:** 6502 PARK BLVD., NO. 1  
**City-St-Zip:** PINELLAS PARK, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** THOMAS MATHIAS

PRES

10/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date