

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 DEC -4 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K60353

1. Corporation Name

FREDERIC MONOSIET, M.D., P.A.

Principal Place of Business

Mailing Address

5500 BEE RIDGE ROAD
SARASOTA FL 34232

5500 BEE RIDGE ROAD
STE 104
SARASOTA FL 34232
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/1989

5. FEI Number

65-0098866

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
PD	MONOSIET, FREDERIC	5235 VILLA MAJORCA CT.	SARASOTA FL

900002022319--5
-12/06/96--01063--024
****375.00 ****375.00

11-21-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FETTERMAN, JAMES C., ESQ.
1858 RINGLING BLVD.
SUITE B
SARASOTA FL 34238

Name

NANCY L. BURNETT

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

4935 HARRIS AVE

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34233

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

Nancy L. Burnett
REGISTERED AGENT MUST SIGN

Date Nov. 21, 1996

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:

FredERIC MONOSIET
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-21-96

Date

(941) 377-7078

Daytime Phone #