

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine A. Sullivan
Secretary of State
DIVISION OF CORPORATION

99 AR

FILED

99 OCT 19 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K65443**

1. Corporation Name

MARCO N. VITIELLO, M.D., P.A.

Principal Place of Business

Mailing Address

7575 SW 62 AVENUE
~~Suite B~~
MIAMI FL 33143
US

7575 SW 62 AVE
~~Suite B~~
MIAMI FL 33143
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 B~~

Suite, Apt. #, etc.

~~Suite B~~

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/14/1989

5. FEI Number

65-0101484

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	4 City / State / Zip
PD	VITIELLO, MARCO N	5825 SW 131 TERR	MIAMI FL
ST	VITIELLO, DULCE	5825 SW 131 TERR	MIAMI FL

500003027295--4
-10/28/99--01002--005
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KRAMER, JEFF
7700 N. KENDOLL DR.
~~#510~~ #510
MIAMI FL 33156

Name

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

7700 N. Kendall Dr.

Suite, Apt. #, Etc.

#510

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

Jeffrey Kramer
REGISTERED AGENT MUST SIGN

Date 10/13/99

11. 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:

Jeffrey Kramer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/99

305-661018

CR22940 (8/99)

2

MARCO N. VITIELLO, M.D., P.A.
DIPLOMATE AMERICAN BOARDS OF INTERNAL MEDICINE, EMERGENCY MEDICINE AND FORENSIC MEDICINE
NAOMI R. BREINER, MSN, ARNP
CERTIFIED ADULT NURSE PRACTITIONER

October 12, 1999

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE: K65443

Please find enclosed a check for \$150.00 per your instructions for reinstatement of the above referenced corporation. Neither the original document nor the reminder document were received by this office and were returned to your offices by the US postal services (confirmed by your records).

Sincerely yours,



Marco N. Vitiello, M.D.

MNV:gvm

