FILED

2009 DEC 29 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/09)

DOCUMENT # K67047

1. Corporation Name
Dr. S. Joseph Angelini, DC., P.A.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
5400 N. Federal Hwy.		5400 N. Federal Hwy.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
103		103	
City & State		City & State	
Fort Lauderdale, FL		Fort Lauderdale, FL	
Zip	Country	Zip	Country
33308	USA	33308	USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/21/1989

5. FEI Number: 650097507 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Dr. S. Joseph Angelini

Street Address (P.O. Box Number is Not Acceptable): 5400 N. Federal Hwy.

Suite, Apt. #, Etc.: 103

City: Fort Lauderdale | State: FL | Zip Code: 33308

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: 12/29/09
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	Dr. S. Joseph Angelini	5400 N. Federal Hwy.	Ft. Lauderdale, FL 33308
	REINSTATEMENT		

10. E-mail Address: drjosangelini@comcast.net
(Filing email (or future annual report) notification)

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. I further certify 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: _____ 12/29/09 954-202-9709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

001

12/29/2009 09:24 FAX

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RE-SUBMIT
Please retain original filing date of submission 12/29/0

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: drjoeangelini@comcast.net

CORPORATION REINSTATEMENT
DR. S. JOSEPH ANGELINI D.C., P.A.

Certificate of Status	1
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