

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC -8 PM 4:53

DOCUMENT # M92924

1. Corporation Name

TREASURE COAST COSMETIC SURGERY CENTER, INC.

Principal Place of Business

Mailing Address

C/O JOYCE MCCLINTOCK VIGGIANO  
1901 PORT ST. LUCE BLVD.  
PORT ST. LUCIE FL 34952

C/O JOYCE MCCLINTOCK VIGGIANO  
1901 PORT ST. LUCE BLVD.  
PORT ST. LUCIE FL 34952

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

08/04/1988

5. FEI Number

65-0061001

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
DP	VIGGIANO, DONATO A.	1901 PT. ST. LUCIE BLVD.	PT. ST. LUCIE FL
DST	VIGGIANO, JOYCE M.	1901 PT. ST. LUCIE BLVD.	PT. ST. LUCIE FL
D	GREEN, CYNTHIA	1901 PORT ST LUCIE BLVD	PORT ST LUCIE FL

8. Name and Address of Current Registered Agent

VIGGIANO, JOYCE MCCLINTOCK  
1901 PORT ST. LUCIE BLVD.  
PORT ST. LUCIE FL 34952

9. Name and Address of New Registered Agent

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

*Joyce McClintock Viggiano*  
REGISTERED AGENT MUST SIGN

Date

11/30/00

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:

*Joyce M. Viggiano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/30/00

Daytime Phone #

571-335-8292