

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # M92924

1. Corporation Name

TREASURE COAST COSMETIC SURGERY CENTER, INC.

Principal Place of Business

Mailing Address

1901 S.E. PORT ST. LUCE BLVD.
PORT ST. LUCIE FL 34952
US

1901 S.E. PORT ST. LUCE BLVD.
PORT ST. LUCIE FL 34952
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

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 S.E. PT. ST. LUCIE BLVD.	PT. ST. LUCIE FL 34952
DST	MCCLINTOCK, JOYCE E	1901 S.E. PT. ST. LUCIE BLVD.	PT. ST. LUCIE FL 34952

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCCLINTOCK, JOYCE E
1901 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

Name

MCCLINTOCK, JOYCE E

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

1703 S.E. ADAIR RD.

Suite, Apt. #, Etc.

City

PORT ST. LUCIE

State

FL

Zip Code

34952

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. or 617.0505, F.S.

Signature of
Registered Agent

Joyce E McClintock
REGISTERED AGENT MUST SIGN

Date

2/1/04

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.

Joyce E McClintock, Secretary/Treasurer

SIGNATURE:

Joyce E McClintock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/1/04 772-335-8292
Daytime Phone #

CR2E040 (7/03)