

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # N98000001778

1. Corporation Name

**Medical Center for Preventive and
Nutritional Medicine, Inc.**

Principal Place of Business

Mailing Address

**8085 38th. Ave. North
St. Pete., Fl.**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

8085 38th. Ave North

Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

St. Pete

City & State

Zip

33710

Country

Pinellas

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 26, 1998

5. FEI Number

59-3516152

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	Joseph DiStefano	8085 38th Ave North	St. Pete, Fl. 33710
Dir			
Dir	Vincent DiStefano	8077 38th Ave north	St. Pete, Fl. 33710
Dir	Daniel B. Mayer D.O.	@4014 State Road 54	Lutz, Fl.

**700003078387--5
-12/22/99--01082--022
*****70.00 *****70.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Joseph Distefano
8085 38th Ave. North
St. Pete., Fl 33710**

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

REGISTERED AGENT MUST SIGN

Date **12-6-99**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph DiStefano

Date

Daytime Phone #

12-6-99 (227)572-6715

CR2E081 (12/98)

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MEDICAL CENTER FOR PREVENTIVE
AND NUTRITIONAL MEDICINE, INC.

December 6, 1999

Florida Division of Corporation:

To whom it may concern,

Per our telephone conversation, Do to an address change no notices were received as of 1999. Therefor we request late fee's be waved. Inclosed is a check for \$61.25 and the fee for certificate.

Sincerely,


Joseph DiStefano

61.25
+ 8.75 Certificate fee

\$70.00