

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 23 PM 4: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000021598

1. Corporation Name

ROSETTA V. CANNATA MD;PA

2. Principal Office Address

7727 W. MLK JR BLVD

Suite, Apt. #, etc.

SUITE 760

City & State

TAMPA FLORIDA

Zip

Country

USA

3. Mailing Office Address

134 MARY'S CHAPEL CT

Suite, Apt. #, etc.

City & State

OSPREY FLORIDA

Zip

Country

34229

USA

200009633382

12/23/02--01039--027 **900.00

4. Date Incorporated or Qualified
To Do Business in Florida

3/2/00

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROSETTA V. CANNATA M.D.

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

134 MARY'S CHAPEL CT

Suite, Apt. #, Etc.

City

OSPREY FL.

State

FL

Zip Code

34229

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/3/02

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
P/VP S/ T	ROSETTA V. CANNATA	134 MARY'S CHAPEL CT.	OSPREY FL. 34229

REINSTATEMENT

12-02

10. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3/02
Date

941
716-1928
Daytime Phone #

ROSETTA V. CANNATA PRES.

CR2E081 (B/01)