

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 14 PM 2:19

DOCUMENT # P00000023868

1. Corporation Name

MATTHEW S. MUDANO, P.A.

Principal Place of Business

Mailing Address

10709 CARROLL LAKE DRIVE
TAMPA FL 33618

10709 CARROLL LAKE DRIVE
TAMPA FL 33618



REINSTATEMENT 01-02

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

2. New Principal Office Address, If Applicable

4144 N. ARMENIA AVE

3. New Mailing Office Address, If Applicable

4144 N. ARMENIA AVE

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/2000

Suite, Apt. #, etc.

SUITE 300

Suite, Apt. #, etc.

SUITE 300

5. FEI Number

59-3626847

Applied For

Not Applicable

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33607

Country

Zip

33607

Country

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
PD	MUDANO, MATTHEW S	10709 CARROLL LAKE DRIVE	TAMPA FL 33618
			3000004794089--6 01/24/02 01038 009 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

MUDANO, MATTHEW S
10709 CARROLL LAKE DRIVE
TAMPA FL 33618

9. Name and Address of New Registered Agent

Name

MATTHEW S. MUDANO

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

4144 N. ARMENIA AVE

Suite, Apt. #, Etc.

SUITE 300

City

TAMPA

State

FL

Zip Code

33607

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

MATTHEW S. MUDANO

REGISTERED AGENT MUST SIGN

Date 1/11/02

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:

MATTHEW S. MUDANO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/11/02 8:3.877.
6000

Daytime Phone #

CR2E040 (8/01)