

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine
Secretary of
DIVISION OF CORPORATIONS

FILED

01 OCT 24 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000098299

1. Corporation Name

JAMES G. MATRISCIANO, M.D., P.A.

Principal Place of Business

Mailing Address

12545 N. U.S. HIGHWAY 27
DAVENPORT FL 33837

12545 N. U.S. HIGHWAY 27
DAVENPORT FL 33837

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

2. New Principal Office Address, If Applicable

108 Polo Park Blvd.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

108 Polo Park Blvd.

Suite, Apt. #, etc.

City & State

Davenport FL

Zip

33897

Country

USA

City & State

Davenport FL

Zip

33897

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/2000

5. FEI Number

59-3677285

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	MATRISCIANO, JAMES G	12545 N. U.S. HIGHWAY 27 108 POLO PARK BLVD	DAVENPORT FL 33837 33897

200004679422--6
-11/14/01--01090--013
****150.00 ****150.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MATRISCIANO, JAMES G

12545 N. U.S. HIGHWAY 27 108 POLO PARK BLVD

DAVENPORT FL 33837

33897

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

James G. Matrisciano, Secretary

Date 10/22/01

REGISTERED AGENT MUST SIGN

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:

James G. Matrisciano, MD 10/22/01 (863) 420-4077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES G. MATRISCIANO, M.D., P.A.
Internal Medicine

2062

OCTOBER 22, 2001

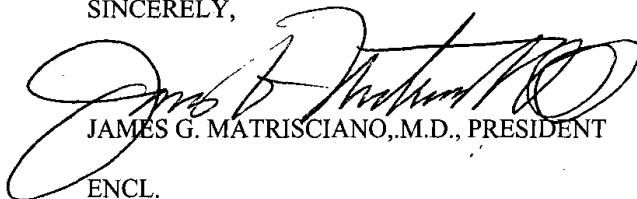
DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
PO BOX 6327
TALLAHASSEE FL 32314-6327

TO WHOM IT MAY CONCERN:

ENCLOSED PLEASE FIND COMPLETED APPLICATION FOR REINSTATEMENT
OF THE CORPORATION. **WE DID NOT RECEIVE THE ANNUAL REPORT
FORM** THAT YOU REQUIRED TO BE COMPLETED. CHECK NUMBER **1267**
FOR **\$150.00** IS ALSO ENCLOSED.

THANKING YOU IN ADVANCE FOR YOUR COOPERATION.

SINCERELY,


JAMES G. MATRISCIANO, M.D., PRESIDENT

ENCL.

