

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hoob
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -8 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000020913

1. Corporation Name

MICHAEL LORELLO, PA-C, P.A.

Principal Place of Business

Mailing Address

3307 THORNY RIDGE DRIVE
HOLIDAY FL 34691

3307 THORNY RIDGE DRIVE
HOLIDAY FL 34691

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

2. Principal Office Address, If Applicable

675 Bayside Dr
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

675 Bayside Dr
Suite, Apt. #, etc.

City & State
Tarpon Springs FL

Zip
34689
Country
USA

City & State
Tarpon Springs FL

Zip
34689
Country
USA

REINSTATEMENT



000026468830
01/08/04--01013--004 ***150.00

4. Date Incorporated or Qualified
To Do Business in Florida

02/25/2002

5. FEI Number

☒ 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
1	Michael Lorello	675 Bayside Dr	Tarpon Springs FL 34689

8. Name and Address of Current Registered Agent

LORELLO, MICHAEL
3307 THORNY RIDGE DRIVE
HOLIDAY FL 34691

9. Name and Address of New Registered Agent

Name
Michael Lorello
Street Address (P.O. Box Number is Not Acceptable)
675 Bayside Dr
Suite, Apt. #, Etc.
City
Tarpon Springs
State
FL
Zip Code
34689

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

SIGNATURE

REGISTERED AGENT MUST SIGN

Date 12-6-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-6-03 727-842-8085
Date Daytime Phone #

CR2E040 (7/03)

Michael Lorello PAC, PA

675 Bayside Dr Tarpon Springs Florida 34689
Home (727) 943-7409, Cell (727) 243-9262
Email- guido13@verizon.net

December 5, 2003

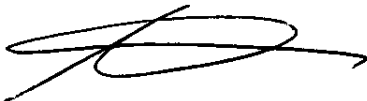
Florida Department of State
Division of Corporations
PO BOX 6327
Tallahassee, Florida 32314

RE: Doc # P02000020913

Dear Sir or Madam:

I am writing this letter in an effort to have the dissolution of my corporation excused for this year. Unfortunately this was my first year of filing as a corporation and I had switched accountants mid season. In addition, I had moved and never received the original letters. I had finally received a dissolution letter last month and was quite surprised. I spoke with my accountant (Louis Scourtas) and he mentioned to call. When I phoned I learned I would be able to send a letter with the reason I did not file in a timely manner along with the \$150 filing fee. Therefore I am sending this letter with the application and the \$150 filing fee. If you should have any questions please do not hesitate to contact me. Thank you for your assistance, time and patience.

Sincerely,

A handwritten signature in black ink, appearing to be 'Michael Lorello', written in a cursive style.

Michael Lorello PA-C