


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 17 AM 8:34

DOCUMENT # P02000055450

1. Corporation Name

Joseph Ondrovic, PA

300078986139
08/22/06--01019--008 **1200.00

REINSTATEMENT

03-06

CR2E081 (12/05)

2. Principal Office Address 13147 Inglebrook Ct Suite, Apt. #, etc. City & State Ft Myers, FL Zip 33919 Country Lee		3. Mailing Office Address 13147 Inglebrook Ct Suite, Apt. #, etc. City & State Ft Myers, FL Zip 33919 Country Lee	
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4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

68-0505437

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

Ondrovic, Joseph

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

13147 Inglebrook Court

Suite, Apt. #, Etc.

City

Ft Myers

State

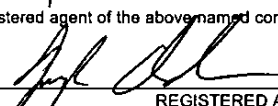
FL

Zip Code

33919

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



REGISTERED AGENT MUST SIGN

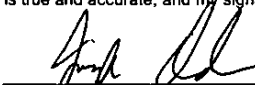
Date 8-15-06

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
D	Ondrovic, Joseph	13147 Inglebrook Court	Ft Myers, FL 33919

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 contained in Chapter 119, 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

8-15-06

Date

239-980-3095

Daytime Phone #