

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV 23 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000080038

1. Corporation Name

James M. Porcelli, M.D., P.A.

2. Principal Office Address

1590 Island Lane

Suite, Apt. #, etc.

Suite #2

City & State

Orange Park, FL

Zip

32003

Country

USA

3. Mailing Office Address

1590 Island Lane

Suite, Apt. #, etc.

Suite #2

City & State

Orange Park, FL

Zip

32003

Country

USA

REINSTATEMENT 2004

4. Date Incorporated or Qualified
To Do Business in Florida

7/23/02

5. FEI Number

74-3051759

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

James M. Porcelli, M.D.

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

1590 Island Lane

Suite, Apt. #, Etc.

Suite #2

City

Orange Park

State

FL

Zip Code

32003

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

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	James M. Porcelli	1590 Island Lane Suite #2	Orange Park, FL 32003

100042954491

11/23/04--01022--012 **200.00

10/25/04 01077014 \$550.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/04

Date

904-278-0374

Daytime Phone #

CR2001 (01/04)