

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP 30 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000113429

1. Corporation Name

LAURA A. CALIGIURI, P.A.

2. Principal Office Address - No P.O. Box #

1330 SE 15th STREET

Suite, Apt. #, etc.

City & State

OCALA, FL

Zip

34471

Country

3. Mailing Office Address

1330 SE 15th STREET

Suite, Apt. #, etc.

City & State

OCALA, FL

Zip

34471

Country

REINSTATEMENT 04-09

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

10/9/2003

5. FEI Number
20-0281796

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
LAURA A. CALIGIURI

Street Address (P.O. Box Number is Not Acceptable)
1330 SE 15th STREET

Suite, Apt. #, Etc.

City
OCALA

State
FL

Zip Code
34471

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

9-28-05

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,D	LAURA A. CALIGIURI	1330 SE 15th STREET	OCALA, FL 34471

9/30

500161139665
09/30/09--01002--002 **900.00

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 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:

LAURA A. CALIGIURI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-28-05

352-629-1929

Daytime Phone #