

PLEASE READ ALL INSTRUCTIONS BEFORE COM

APPROVED
AND
FILED

05 APR -4 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000147343

1. Corporation Name

THE CERAMIC SURGEON, INC.

2. Principal Office Address

5388 THIRD ST

Suite, Apt. #, etc.

3. Mailing Office Address

5388 THIRD ST

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

City & State

ST. AUGUSTINE, FL

Zip

32080

Country

USA

Zip

32080

Country

USA

REINSTATEMENT

04-05

4/2/04 90072 046 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/03

5. FEI Number

20-0473680

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

HALL, CHARLES E

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

77 ALMERIA STREET

Suite, Apt. #, Etc.

City

ST. AUGUSTINE

State

FL

Zip Code

32084

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

3/30/05

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
DPVST	MASSAGLIA, THOMAS J.	5388 THIRD STREET	ST. AUGUSTINE, FL 32080

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:

Thomas J. Massaglia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS J. MASSAGLIA

Date

3/30/05 9044601189

Daytime Phone #

292

March 30, 2005

Florida Department of State
Secretary of State
Division of Corporations

re: Document Number P03000147343

To whom it may concern:

I did not receive my annual report notices for last year (2004). I was informed that they were sent April 6, 2004. However, my 2004 corporate fee check was cashed by the State of Florida (copy enclosed). I am sending this letter, my corporate reinstatement form, and my corporation fee for 2005 (\$150) so that the corporate reinstatement fee may be waived. This year, 2005, please be sure to send my annual report notice to the address below. Thank you.

Thomas J. Massaglia, Pres.

Thomas J. Massaglia

The Ceramic Surgeon, Inc.
5388 Third St.
St. Augustine, FL 32080