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PLEASE READ ALL INSTRUCTIONS BEFORE COM

APPROVED  
AND  
FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000147343

1. Corporation Name

THE CERAMIC SURGEON, INC.

05 APR -4 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address 5388 THIRD ST		3. Mailing Office Address 5388 THIRD ST	
Suite, Apt. #, etc.		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 040 150.00

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 <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent  
Name  
HALI, 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**

*MRD*

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

Date

REGISTERED AGENT MUST SIGN

*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

*0000051199750  
04/19/05-01037-002 \*\*150.00*

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:

*Thomas J. Massaglia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/30/05 904 460 1189*

Date

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