

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JAN 22 PM 12:35

DOCUMENT # P06000043133

1. Corporation Name

Joseph Paul Erconiani, P.A.

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

375-21st St. S.W.

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34117

Country

USA

3. Mailing Office Address

6017 Pine Ridge Rd.

Suite, Apt. #, etc.

70

City & State

Naples, FL

Zip

34119

Country

USA

200166944712
01/22/10--01029--009 **450.00
REINSTATEMENT 07-10

KS

4. Date Incorporated or Qualified
To Do Business in Florida

3-21-06

5. FEI Number

20-4551516

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

Joseph Paul Erconiani

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

375-21st Street S.W.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34117

☒ 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

Joseph P. Erconiani

REGISTERED AGENT MUST SIGN

Date 12-7-2009

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
PST	Joseph P. Erconiani	375-21st St. S.W.	Naples, FL 34117

10. E-mail Address: carrieerconiani@mac.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Joseph P. Erconiani

12-7-2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #