

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 FEB -1 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0700000 3537

1. Corporation Name

Kathleen C. Divito, J.D.S., P.A.

W12-2078

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

10710 Seminole Blvd.

3. Mailing Office Address

11424 Cimarron Cir.

Suite, Apt. #, etc.

#4

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Largo, FL

Zip

33778

Country

USA

Zip

33774

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/03/07

5. FEI Number

20-8234754

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

Kathleen Divito Everson

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

10710 Seminole Blvd

Suite, Apt. #, Etc.

#4

City

Largo

State

FL

Zip Code

33778

01/04/12--01004--017 **1085.00

100215441341

01/04/12--01004--017 **1085.00

100215441341

02/01/12--01022--002 **150.00

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

Kathleen Divito Everson

REGISTERED AGENT MUST SIGN

Date

December 27, 2011

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/V/D	Kathleen Divito	10710 Seminole Blvd #4	Largo, FL 33778

REINSTATEMENT

FEB 01 2012 09:12

R. HUNT

10. E-mail Address: Dckdivito@tampadsl.net

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Kathleen C Divito

Kathleen C Divito, President

12/27/11

727-392-9293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #