

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000064824

Entity Name: JOSEPH J FASTAIA MD, PA

**FILED**  
**Oct 04, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4891 KYLEMORE COURT  
PALM HARBOR, FL 34685 US

**New Principal Place of Business:**

**Current Mailing Address:**

4891 KYLEMORE COURT  
PALM HARBOR, FL 34685 US

**New Mailing Address:**

FEI Number: 80-0453157

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FASTAIA, JOSEPH J JR  
4891 KYLEMORE COURT  
PALM HARBOR, FL 34685 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOSEPH J FASTAIA JR MD

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P,T  
Name: FASTAIA, JOSEPH J JR  
Address: 4891 KYLEMORE COURT  
City-St-Zip: PALM HARBOR, FL 34685 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH J FASTAIA JR MD

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P.T,

10/04/2010

\_\_\_\_\_  
Date