


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2015-2016		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 16 AUG 18 AM 8:27 TALLAHASSEE, FLORIDA	
DOCUMENT # P14000065403					
1. Corporation Name ROBERT P. DRISTAGLIO DO PA					
2. Principal Office Address - No P.O. Box # 1223 TADSWORTH TRER.		3. Mailing Office Address 1223 TADSWORTH TRER		4. Date Incorporated or Qualified To Do Business in Florida 8/14/2014	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 35-2514546	
City & State LAKE MARY, FL		City & State FL LAKE MARY		Applied For Not Applicable	
Zip 32746	Country USA	Zip 32746	Country USA	6. CERTIFICATE OF STATUS DESIRED S	
				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name ROBERT P. DRISTAGLIO					
Street Address (P.O. Box Number is Not Acceptable) 1223 TADSWORTH TRER.					
Suite, Apt. #, Etc.					
City LAKE MARY		State FL	Zip Code 32746	300289244363 08/18/16--01024--019 **300.00	
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 ROBERT P. DRISTAGLIO				Date 8/8/16	
REGISTERED AGENT MUST SIGN					
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	ROBERT P. DRISTAGLIO	1223 TADSWORTH TRER		LAKE MARY, FL 32746	
S.T.	ROBERT P. DRISTAGLIO	1223 TADSWORTH TRER		LAKE MARY, FL 32746	
10. E-mail Address: drdistaglio@xanm.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., 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: ROBERT P. DRISTAGLIO 8/8/16 6104625133					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					