

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV -4 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000017918

1. Corporation Name

MICHAEL VINCENT JOHN SPAZIANI, P.A.

Principal Place of Business

Mailing Address

350 S COUNTY RD
SUITE 201
PALM BEACH FL 33480
US

350 S COUNTY RD
SUITE 201
PALM BEACH FL 33480
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT



500024417445
11/04/03--01060--018 **1050.00

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/1993

5. FEI Number

59-3168507

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SPAZIANI, MICHEL V. J	350 SOUTH COUNTY RD SUITE 201	PALM BEACH FL 33480

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPAZIANI, MICHAEL V. J
350 SOUTH COUNTY RD
SUITE 201
PALM BEACH FL 33480

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

OCT. 31, 2003

FEB. 27, 2002 *ml*

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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OCT. 31, 2003

2/27/02 *ml*

CR2E040 (8/01)