FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB 25 AM 8:52

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000049154

1. Corporation Name
Anthony Brignoni M.D. P.A.

REINSTATEMENT 03-05

2. Principal Office Address	3. Mailing Office Address
2484 Caring way	2484 Caring way
Suite, Apt. #, etc. Suite D	Suite, Apt. #, etc. Suite D
City & State Port Charlotte FL	City & State Port Charlotte FL
Zip 33952 Country USA	Zip 33952 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 6-30-1993

5. FEI Number 65-0426005 ☐ 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: Anthony Brignoni M.D
Street Address (P.O. Box Numbers Is Not Acceptable): 2484 Caring way
Suite, Apt. #, Etc.: Suite D
City: Port Charlotte State: FL Zip Code: 33952

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 _____ Date 2-24-05
REGISTERED AGENT MUST SIGN

CR2E061 (01/05)

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
D	Anthony Brignoni M.D	2484 Caring way Suite D	Port Charlotte FL 33952

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03/08/05--01010--005 **1050.00

10. 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: _____ 2/24/05 941-743-6866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #