

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JUN 26 PM 3:05

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000092197

1. Corporation Name

ROMEO A. TAGALA, M.D., P.A.

2. Principal Office Address

3885 SOUTH FLORIDA AVENUE

Suite, Apt. #, etc.

City & State

LAKELAND, FLORIDA

Zip

33813

Country

UNITED STATES

3. Mailing Office Address

3885 SOUTH FLORIDA AVENUE

Suite, Apt. #, etc.

City & State

LAKELAND, FLORIDA

Zip

33813

Country

UNITED STATES

REINSTATEMENT 01-06  
CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

JANUARY 1, 1995

5. FEI Number  
593322597

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

JOHN F. WENDEL

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

225 EAST LEMON STREET

Suite, Apt. #, Etc.

SUITE 351

City

LAKELAND

State

FL

Zip Code

33801

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

6/21/06

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
PD	ROMEO A. TAGALA, M.D.	1343 SUMMIT CHASE DRIVE	LAKELAND, FLORIDA 33813
			900077095629 07/06/06--01061--014 **1500.00

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 contained in Chapter 119, 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:

*Romeo A. Tagala, M.D.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/21/06 863/644-6608  
Daytime Phone #