

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 16 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000092228

1. Corporation Name

AZAEI P. BORRORNEO, M.D., P.A.

REINSTATEMENT 02-04

800029736028
03/02/04--01057--028 **900.00

2. Principal Office Address

2653 N. Lecanto Hwy

Suite, Apt. #, etc.

Lecanto

City & State

Lecanto FL

Zip

34461

Country

C, TR45

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

FL 34461

Zip

34461

Country

C, TR45

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

593285326

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

Azael P. Borrormeo, MD

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

2653 N. Lecanto Hwy

Suite, Apt. #, Etc.

L

City

Lecanto

State
FL

Zip Code

34461

800029736028
03/19/04 01043 011 **150.00

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

[Signature]

Date 2.22.04

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
<u>Pres.</u>	<u>Azael P. Borrormeo, MD</u>	<u>530 SW 1st Ave</u>	<u>Crystal River, FL 34461</u>

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:

AZAEI P. BORRORNEO M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2.22.04 (505) 527-9555

Daytime Phone #