SENT BY:CARLTON FIELDS ;12- 8-96 ; 8:40PM ; ST. PETE→ ;#0

H96000016955 2 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1996 DEC -3 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000007478

1. Corporation Name

THOMAS G. BRUNO, M.D., P.A.

Principal Place of Business	Mailing Address
10460 Roosevelt Blvd. St. Petersburg, FL 33716	P.O. Box 140 St. Petersburg, FL 33716

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
800 Goodlette Road	Post Office Box 11838
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.: N/A
City & State: Naples, Florida	City & State: Naples, Florida
Zip: 34102 Country: USA	Zip: 34101-1838 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1/27/95

5. FEI Number: 59-3290897 ☐ Applied For ☐ Not Applicable

6. ☐ CERTIFICATE OF STATUS DESIRED

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P/S	Thomas G. Bruno	800 Goodlette Road	Naples, Florida 34102

REINSTATEMENT '96
SCC 12-3-96

8. Name and Address of Current Registered Agent

Thomas G. Bruno
625 Regatta Road
Naples, FL 33940

9. Name and Address of New Registered Agent

Name: Thomas G. Bruno
Street Address (P.O. Box Number is Not Acceptable): 800 Goodlette Road
Suite, Apt. #, Etc.: N/A
City: Naples, State: FL Zip Code: 34102

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: Thomas G. Bruno, M.D. Date: 11/21/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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. 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: Thomas G. Bruno, M.D. Thomas G. Bruno 11/21/96
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR OFFICER OR DIRECTOR — Date — Daytime Phone #

SENT BY:CARLTON FIELDS ;12- 3-96 ; 8:30PM ; ST. PETE ;2

P95000007478

12/03/96 1 PM

ELECTRONIC FILING COVER SHEET

(((H96000016955 2)))

TO: DIVISION OF CORPORATIONS FAX #: (904)922-4000

FROM: CARLTON, FIELDS OF ST. PETERSBURG ACCT#: 075364003002
CONTACT: ANNE V ELLIS
PHONE: (813)821-7000 FAX #: (813)822-3768

NAME: THOMAS G. BRUNO, M.D., P.A.
AUDIT NUMBER.....H96000016955
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..0 PAGES..... 2
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