

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000036695**

1. Corporation Name

LEONARD E. CORTELLI, JR., M.D., P.A.

Principal Place of Business

13602 N 46TH ST
TAMPA FL 33613

Mailing Address

13602 N 46TH ST
TAMPA FL 33613

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/03/1995

5. FEI Number

59-3318817

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	CORTELLI, LEONARD E JR	13602 N 46TH ST	TAMPA FL 33613

500001990335--5
-10/30/96--01045--019
****225.00 ****225.00

8. Name and Address of Current Registered Agent

ROSS, JEREMY P
220 S FRANKLIN ST
TAMPA FL 33602

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date 9/20/96

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 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: Leonard E. Cortelli, Jr., M.D., P.A. (LEONARD E. CORTELLI, JR., M.D., P.A.) 9/18/96 (813) 972-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/96)

182062



Florida Eye Center

Raymond J. Sever, M.D.
Henry M. Ramseur, M.D.
Thomas J. Pusateri, M.D.
Leonard Cortelli, Jr., M.D.

13602 N. 46th Street Tampa, Florida 33613 Phone (813) 972-4444

SEPTEMBER 20, 1996

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
P.O. BOX 6327
TALLAHASSEE, FL 32314-6327

TO THE DIVISION OF CORPORATIONS,

I AM WRITING IN RESPONSE TO THE REINSTATEMENT NOTICE SENT TO ME AS STATING MY CORPORATION AS ADMINISTRATIVELY DISSOLVED DOCUMENT NUMBER P95000036695. ORIGINALLY A CHECK FOR \$200.00 WAS SENT TO YOUR OFFICE TO RENEW THE FILING OF MY CORPORATION ON OR ABOUT MAY 1ST 1996. ON MAY 16TH, 1996, I RECEIVED NOTICE THAT MY REGISTERED AGENT HAD NOT SIGNED THE FORM AND THAT I NEEDED TO GET HIS SIGNATURE. I DID GET THE SIGNATURE AND SENT THE FORM BACK IN WITHIN THE 30 DAY REQUIREMENT. THEN I RECEIVED THE ENCLOSED FORM SEPTEMBER 16TH 1996. I CALLED YOUR OFFICE AND THEY SAID THAT ANOTHER REQUEST LETTER REQUESTING THE FEI NUMBER WAS SENT BACK TO ME ON JUNE 26TH 1996. I HAVE NOT RECEIVED THAT LETTER AS OF THIS LETTER. ORIGINALLY THE FEI NUMBER WAS ON THE FORM OF WHICH I HAVE A COPY. I CONTACTED YOUR OFFICE ON SEPTEMBER 18TH AND WAS TOLD THAT SINCE I DID NOT RECEIVE THE JUNE 26TH LETTER THAT ALL I NEED TO DO NOW IS MAIL THE FORM IN CORRECTLY, ATTACH A CHECK FOR \$225.00, AND INCLUDE THIS LETTER OF EXPLANATION TO NOW REINSTATE AND COMPLY WITH YOUR RULES, REGULATIONS AND THE LAW. I AM DOING SO AS REQUESTED AND REQUIRED. I AM HOPING THIS WILL RESOLVE THE PROBLEM AND GET US BACK ON TRACK. IF THERE ARE ANY PROBLEMS OR QUESTIONS, PLEASE FEEL FREE TO CONTACT AT YOUR CONVENIENCE AT (813) 972-4444.

THANK YOU VERY MUCH FOR YOUR TIME AND ATTENTION TO THIS MATTER.

YOURS TRULY,

LEONARD E. CORTELLI M.D.

LEONARD E. CORTELLI M.D. P.A.
CORPORATION NAME
DOCUMENT #P95000036695
FEI # 07-1682321S