

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 17 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000041591

1. Corporation Name

PROFESSIONAL FORVM ENTERPRISES, INC.

Principal Place of Business

1100 MONTANA ST
ORLANDO FL 32803

Mailing Address

1100 MONTANA ST
ORLANDO FL 32803

REINSTATEMENT



600024743556
11/17/03--01018--007 **150.00

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/1995

5. FEI Number

59-3318999

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	4 City / State / Zip
PD	NOCERO, MICHAEL A JR M.D.	103 SATSUMA DRIVE	ALTAMONTE SPRINGS FL 32714

8. Name and Address of Current Registered Agent

NOCERO, MICHAEL A JR, MD
1100 MONTANA STREET
ORLANDO FL 32803

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. or 617.0505, F.S.

Signature of
Registered Agent

Michael A Nocero
REGISTERED AGENT MUST SIGN

Date

11-10-03

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael A Nocero

Date

11-10-03

407-2016-078

CR2E040 (7/03)



November 10, 2003
Division Of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327
To Whom It May Concern:

I am hereby submitting this application for reinstatement of PFE. I have not received the two prior uniform business report (UBR) notices. We have had in the past few years problems with our mail being delivered to the correct address and we are sorry for this inconvenience. I am hereby requesting the reinstatement fee be waived. I am enclosing the check for reinstatement. Thank you for your attention to this.

Yours Truly,

A handwritten signature in black ink that reads 'Michael A. Nocero, Jr.'. The signature is written in a cursive style with a large, sweeping 'M' and a long, trailing flourish at the end.

Dr. Michael A. Nocero, Jr.
President