

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**

97 NOV 17 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000073804**

1. Corporation Name

**ARROGANTE OB/GYN ASSOCIATES, P.A.**

Principal Place of Business

1199 SOUTH MIAMI STREET  
SUITE 5  
BELLE GLADE FL 33430

Mailing Address

1199 SOUTH MIAMI STREET  
SUITE 5  
BELLE GLADE FL 33430

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

4. Date Incorporated or Qualified  
To Do Business in Florida

09/22/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0608114

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	CARLITO ARROGANTE	702 S. LAKESIDE DR.	LAKE WORTH, FL 33460
			700002350407--2
			-11/18/97--01047--003
			****\$15.00 ****\$15.00
			8/11/17

8. Name and Address of Current Registered Agent

~~CORPORATION SERVICE COMPANY~~  
~~1201 HAYS STREET~~  
~~TALLAHASSEE FL 32301-2525~~

9. Name and Address of New Registered Agent

Name **CARLITO ARROGANTE**

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

**702 SOUTH LAKESIDE DR.**

Suite, Apt. #, Etc.

City

**LAKELWORTH**

State

**FL**

Zip Code

**33460**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**11/6/97**

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CARLITO B. ARROGANTE, M.D.**

Date

**11/6/97**

Daytime Phone #

**561-588-5347**

CP2E04C (7/96)