

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000079297

1. Entity Name

THOMAS G. LACORTE, PS.M., P.A.



Principal Place of Business

1077 HEMINGWAY DR
DELTONA, FL 32725

Mailing Address

1077 HEMINGWAY DR
DELTONA, FL 32725

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10102007

REIN-P

CR2E098 (1/07)

4. FEI Number

59-3340974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LACORTE, THOMAS G
1077 HEMINGWAY DR
DELTONA, FL 32725

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D LACORTE, THOMAS G
1077 HEMINGWAY DR
DELTONA, FL 32725 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300111465003
10/29/07--01069--023 **150.00

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas G. LaCorte president

Date

Daytime Phone #

10/25/07 (386) 574-0664

FILED

2007 OCT 29 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

