

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 JUL 26 AM 7:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P96000029617

**1. Corporation Name**

St. Petersburg Arthritis Center, P.A.

**2. Principal Office Address**

6711 38th Ave. North

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33710

Country

USA

**3. Mailing Office Address**

6711 38th Ave. North

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33710

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

4/4/96

**5. FEI Number**

59-3373468

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 00-04**

**7. Name and Address of Current Registered Agent**

Name

Torres, Arnaldo

400039529484

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

6711 38th Avenue North

07726/04--01054--009 \*\*750.00

Suite, Apt. #, Etc.

City

St. Petersburg

State  
**FL**

Zip Code

33710

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Arnaldo Torres*

Date

7/22/2004

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Torres, Arnaldo	6711 38th Ave. North	St. Petersburg, FL 33710

**10. 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:**

*Arnaldo Torres* ARNALDO TORRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/22/2004

Daytime Phone #

727-347-6871

# St. Petersburg Arthritis Center, P.A. *Page 2 of 2*

Arnaldo Torres, M.D., F.A.C.R.

6711 38th Avenue North  
St. Petersburg, FL 33710  
Phone: (727) 344-3200 Fax (727) 347-6974

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July 19, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: St. Petersburg Arthritis Center, P.A.  
6711 38th Avenue North  
St. Petersburg, FL 33710

Doc. # P96000029617  
Tax ID # 593373468

Dear Sir or Madam:

Enclosed is a Corporation Reinstatement form for St. Petersburg Arthritis Center along with a history of my account that was printed from your web site. When I reviewed that history I realized that the mailing address is incorrect. Therefore, for the year 2000 I never received my Annual Report in the mail, or any notices thereafter, and my company has since been dissolved.

My accountant's office called your office on 7/16/04 and spoke with Ruby who informed them that I was to complete and file a Corporation Reinstatement form and submit with a check for \$750.00 along with this letter. Please reinstate my corporation as soon as possible with the correct address listed on my reinstatement form. If you have any questions or need any further information please contact my accountant, Monica Cunningham, at (727) 823-6500.

Sincerely,



Arnaldo Torres, M.D.  
AT/kl

Enclosures