PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

9100 URR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # P96000041576

1. Corporation Name
Carmine Chioccariello, P.T., P.A.
1830 Central Ave North Unit C-2
St. Petersburg, FL 33714

2. Principal Office Address	**3.** Mailing Office Address
1830 Central Ave North	Same
Suite, Apt. #, etc. unit C-2	Suite, Apt. #, etc. "
City & State St. Petersburg, FL	City & State "
Zip 33714 / Country USA	Zip " / Country "

4. Date Incorporated or Qualified To Do Business in Florida 4/96

5. FEI Number 59-3377895 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Carmine Chioccariello

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-10/05/00--01052--001
****615.00 ****615.00

Street Address (P.O. Box Number is Not Acceptable): 3051 Heron PL

Suite, Apt. #, Etc.:

City: Clearwater, State: FL Zip Code: 33762

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: C J Chioccariello REGISTERED AGENT MUST SIGN Date: 9/13/00

CR2E081 (9/99)

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
President	Carmine Chioccariello	3051 Heron PL	Clearwater, FL 33762
V. de President	Same as above		
Secretary	Same as above		

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 upon 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.

AD

SIGNATURE: C J Chioccariello 9/13/00 727-526-4414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #