

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 OCT 20 PM 3:22

DOCUMENT # **P96000057730**

1. Corporation Name

**VINCENT J. TURIANO, M.D., P.A.**

Principal Place of Business

1210 SOUTH OLD DIXIE HIGHWAY  
JUPITER FL 33458

Mailing Address

6989 CYPRESS COVE CIR  
JUPITER FL 33458-3793  
US



**2000 UBR**

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

07/10/1996

5. FEI Number

65-0681562

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	TURIANO, VINCENT J	1210 SOUTH OLD DIXIE HIGHWAY	JUPITER FL 33458

100003457361-7  
-11/08/00--01062--010  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

TURIANO, VINCENT J  
6989 CYPRESS COVE CIRCLE  
JUPITER FL 33458

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.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

Date

REGISTERED AGENT MUST SIGN

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

VINCENT TURIANO President

10/16/00

Date

561-7445294

Daytime Phone #

CR2E040 (9/00)

2057

**Vincent J. Turiano, M.D., P.A.**  
6989 Cypress Cove Circle  
Jupiter Fl. 33458-3793  
(561) 744-5294  
Fax: (561) 744-4793  
E-mail: Vjturiano@AOL.com

October 17, 2000

Florida Department of State  
Division of Corporations

Dear Sir,

I spoke with my accountant, Terry Santini, P.A., (954) 474-9000, yesterday concerning this matter. I did not receive the renewal form. She states that she has not received any correspondence on my behalf. She has instructed me to compose this letter and send the fee to you.

Thank you for your efforts on my behalf.

Sincerely,



Vincent Turiano