

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 MAR 26 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000061672

1. Corporation Name

MARIA-ELEN P. GAJO, M.D., P.A.

W10-6873

2. Principal Office Address - No P.O. Box #

68 Beal Parkway S.W.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 879

Suite, Apt. #, etc.

City & State

Fort Walton Beach, FL

Zip

32548

Country

US

City & State

Fort Walton Beach, FL

Zip

32549

Country

US

800171173368

03/04/10--01002--003 \*\*1050.00

**REINSTATEMENT** 04-10

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

593392827

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

Gajo, Maria-Elen P.

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

68 Beal Parkway S.W.

Suite, Apt. #, Etc.

City

Fort Walton Beach

State

FL

Zip Code

32548

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*[Signature]* Maria Elen P. Gajo  
REGISTERED AGENT MUST SIGN

Date 02/16/2010

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	Allen Nocon	68 Beal Parkway S.W.	Fort Walton Beach, FL 32548
T	Maria Tumaneng	68 Beal Parkway S.W.	Fort Walton Beach, FL 32548
T	Angie Duke	68 Beal Parkway S.W.	Fort Walton Beach, FL 32548

10. E-mail Address: gajogoldbergmdo@hotmail.com

(To be used for future annual report notification)

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. I further certify, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/2010 850-243-7035

Date

Daytime Phone #

3/26/10