

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 29 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **02 DBA** **996000098413**

1. Corporation Name

CHRIS A CASTELLANO DMD PA

2. Principal Office Address

6917 US HWY 301 S

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

NONE

Suite, Apt. #, etc.

NONE

City & State

RIVERVIEW

City & State

FL

Zip

33569

Country **US**

Zip

3

Country

FL

4. Date Incorporated or Qualified
To Do Business in Florida

**SINCE
JAN 97**

5. FEI Number **6507121090**

6507121090

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHRIS A CASTELLANO DMD

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

6917 US HWY 301 SOUTH

Suite, Apt. #, Etc.

City

RIVERVIEW

FL

State
FL

Zip Code

33569

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

Plt P... DMD
REGISTERED AGENT MUST SIGN

Date **10/24/02**

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
PRES.	CHRIS CASTELLANO	6917 US HWY 301 SOUTH	RIVERVIEW FL 33569

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:

Plt P... DMD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/02 **813 672-1917**

Daytime Phone #

CR2E091 (9/01)

js 11/5/02

Dept of State
09 East Gaines St.
allahassee, FL 32399

Chris A. Castellano DMD Pa
917 US Hwy 301 south
iverview, FL 33569
illsborough County

ear Sir,

did not receive my desolution of corporation letter in 2000 due to mail not being forwarded to me from the old Bradenton address. Enclosed is my check for \$50.00 this was the amount the examiner at the office said I owed. Please reinstate.

anks,

Chris A. Castellano DMD

FEI 65 07 121 090