

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

01 MAY -1 PM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000104420

1. Corporation Name

MARY W. MONACO, P.A.

Principal Place of Business

Mailing Address

6839 LANTANA BRIDGE RD.
SUITE 201
NAPLES FL 34109
US

6839 LANTANA BRIDGE RD.
SUITE 201
NAPLES FL 34109
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, If Applicable
9150 Galleria Court

3. New Mailing Office Address, If Applicable
9150 Galleria Court

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/1996

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
Suite 100

5. FEI Number

59-3416053

Applied For

Not Applicable

City & State
Naples, Florida

City & State
Naples, Florida

Zip
34109

Country
USA

Zip
34109

Country
USA

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	MONACO, MARY W.	4707 NW 53RD AVE SUITE A 9150 Galleria Court Suite 100	GAINESVILLE FL 32606 Naples, FL 34109
			2000004194932---0 -05/11/01--01018--010 ****908.75 ****908.75

REINSTATEMENT 00-01

8. Name and Address of Current Registered Agent

MONACO, MARY W
4707 NW 53RD AVE 9150 Galleria Court
SUITE A Suite 100
GAINESVILLE FL 32606 Naples, FL 34109

9. Name and Address of New Registered Agent

Name
Mary W. Monaco
Street Address (P.O. Box Number is Not Acceptable)
9150 Galleria Court
Suite, Apt. #, Etc.
Suite 100
City
Naples

State
FL

Zip Code
34109

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 Mary W. Monaco
REGISTERED AGENT MUST SIGN

Date 4-20-01

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.

MW

SIGNATURE: Mary W. Monaco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-01 941-596-2733
Date Daytime Phone #

CR2E040 (8/00)