

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000035625

1. Corporation Name

RICHARD CARINO, M.D., P.A.

Principal Place of Business

3336 CANTRELL STREET  
HOLIDAY FLORIDA FL 34690  
US

Mailing Address

P O BOX 659  
ELFERS FLORIDA FL 34680  
US

*Change*



300008784933  
11/04/02--01074--015 \*\*150.00

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

04/14/1997

5. FEI Number

59-3442247

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)

Name of Officers  
and/or Directors

3

Street Address of Each  
Officer and/or Director

4

City / State / Zip

D

CARINO, RICHARD

P.O. BOX 659

ELFERS FL 34680

VP

CARINO, FRANCESCO

4808 BRENTON DRIVE

HOLIDAY FL 34690

SECR

CARINO, ANGEL

4808 BRENTON DRIVE

HOLIDAY FLORIDA FL 34690

8. Name and Address of Current Registered Agent

CARINO, RICHARD MD  
422 SOUTH FLORIDA AVENUE  
SUITE D  
LAKELAND FL 33801

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Port Richey

FL

34668

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. or 617.0505, F.S.

Signature of  
Registered Agent

*SIGNATURE REQUIRED*

REGISTERED AGENT MUST SIGN

Date

10/30/02

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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Carino

Date

Daytime Phone #

10/30/02 (707) 847-7355

CR2E040 (9/02)

Richard Carino M.D. P.A.  
Post Office Box 659  
Elfers, Florida 34680

October 30th 2002

To Whom It May Concern,

I have just received a notice of administrative dissolution or revocation for my Corporation.

I have not received prior U. B. R. notices.

I actually had checked my status on the Internet at my Florida.com., and it showed Corporation is active.

Please if possible wave the reinstatement fee.

Enclosed is the appropriate U. B. R. filing fee and this letter.

Thank you for your Corporation in this matter.

A handwritten signature in black ink, appearing to read 'Richard Carino' with a stylized flourish at the end.

Richard Carino M.D.