

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 15 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000080503**

1. Corporation Name

Village Pediatrics PA

2. Principal Office Address

1109 Seminole DR.

Suite, Apt. #, etc.

3. Mailing Office Address

1109 Seminole DR.

Suite, Apt. #, etc.

City & State

Rockledge, FL

Zip

32955

County

Brevard

City & State

Rockledge, FL

Zip

32955

Country

Brevard

4. Date Incorporated or Qualified
To Do Business in Florida

1997

5. FEI Number

59-3469630

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

Stephen Charpentier

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

2285 W. Can Gallie Blvd.

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32935

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

REGISTERED AGENT MUST SIGN

Date

3-24-04

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.O.	Ruth M. Rodriguez-Palermo	1109 Seminole Dr.	Rockledge, FL 32955

000031367930
03/30/04--01012--023 **750.00

REINSTATEMENT

03-04

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:

Ruth M. Rodriguez-Palermo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/22/04

Daytime Phone #

(321) 633-2399

CR2E081 (10/02)