

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000107429**

1. Corporation Name

K.A. NERI, MD, INC.

Principal Place of Business

**611 W. AZEELE ST.
TAMPA FL 33606**

Mailing Address

**611 W. AZEELE ST.
TAMPA FL 33606**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1998

5. FEI Number

59-3486767

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	Street Address of Each Officer and/or Director	City / State / Zip
P/D	KAREN A. NERI	2989 BRODFORD CIR.	PALM HARBOR, FL 34685
S/D	PAMON A. NERI	2989 BRODFORD CIR.	PALM HARBOR, FL 34685

400003035614--7
-11/04/99--01095--016
*****750.00 ***750.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, H. STRATTON III
611 W. AZEELE ST.
TAMPA FL 33606

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **10-21-99**

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAREN A. NERI, TREASURER, OCT 19, 1999

Date

Daytime Phone #

727 781 7002

FILED

99 OCT 25 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

99@

CR20040 (8-99)

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