

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
2000-2001 UBR

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



FILED

01 JAN 22 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000001582

1. Corporation Name

PETER TOMASELLO, D.O., P.A.

Principal Place of Business

922 S. SOUTHLAKE DRIVE
HOLLYWOOD FL 33019

Mailing Address

922 S. SOUTHLAKE DRIVE
HOLLYWOOD FL 33019

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

01/07/1998

5. FEI Number

65-0803441

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
1	2	3	4
D	TOMASELLO, PETER	922 S. SOUTHLAKE DRIVE	HOLLYWOOD FL 33019
			000003618370--5 -02/01/01--01010--012 ****150.00 ****150.00
			000003618370--5 -02/01/01--01010--013 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TOMASELLO, PETER

3500 TYLER ST

HOLLYWOOD FL 33021

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Peter Tomasello
REGISTERED AGENT MUST SIGN

Date 1-16-01

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.

SIGNATURE:

Peter Tomasello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-01 954-966-1555

To whom it may concern,
Attn: Leslie,

1-16-01

2 of 2

As per our conversation today I'm writing you this notice. I have relocated to a temporary address and my renewal notice was sent to my old address and I didn't receive the notice of renewal. Just recently have I received it and I'm complying with the fees to reinstate the period I missed. I appreciate your assistance in this matter. Any questions Please don't hesitate to call.

Sincerely yours.

Dr Peter A. Tomasello M.D. AA.

Dr Peter A. Tomasello Jr D.O. P.A.

Document # P98000001582

Tax ID# 65-0803441

Phone #s

office 954-966-1555

home 954-455-0844

beeper 954-528-7502